REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23184
Do not use this space.

1. PLACE OF DEATH
(a) County WARREN Registration District No. 881
(b) Township Bridgeport Primary Registration District No. 6172 Registered No. 16
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MILTON OWEN THORNTON 653
(a) Residence, No. WARREN COUNTY, MISSOURI St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lucy Sublette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 22, 1853
7. AGE: YEARS 85 | MONTHS — | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 30 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois. 1

FATHER
13. NAME UNKNOWN 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) H. H. Gilson Jonesburg, Missouri, Route 1.
18. BURIAL, CREMATION, OR REMOVAL
PLACE OAK-GROVE, JONESBURG, MO. DATE JUNE 9, 1938
19. FUNERAL DIRECTOR (ADDRESS) Bay Means, Jonesburg, Missouri
20. FILED June 8, 1938 A. W. Ebeling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8.8., 1937, to 6.7, 1938
I last saw him alive on 6.2, 1938. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Arteriosclerosis	
93	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease of injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. Walter Eyerman, M. D.
802 (Address) Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 3743 or by, Registered Apprentice No.

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)