

REC'D AUG 8 1938

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

24215  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kau Primary Registration District No. 1002 Registered No. 2720  
 (c) City Kansas city Mo. (d) Street No. 2119 Highland St.  
 (e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DOBA THORNTON

(a) Residence, No. 2119 Highland St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John C. Thornton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1865  
 7. AGE YEARS 73 MONTHS 0 DAYS 19 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 1 - 1 - 38, 1938, to 7 - 4 - 38, 1938  
 I last saw him alive on 7 - 2 - 38, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Respiratory Intoxication  
from 30  
 Date of onset  
 Other contributory causes of importance:  
Cancer of Breast

Name of operation..... Date of.....  
 What test confirmed diagnosis? autopsy Was there an autopsy? no  
 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 or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) W. A. F. Raymond, M. D.  
 (Address) 1509 E. 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Ark  
 FATHER 13. NAME Jeff Pollard 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 1  
 MOTHER 15. MAIDEN NAME Leff Kneel 9  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Kneel  
 17. INFORMANT (ADDRESS) John C. Thornton  
2119 Highland  
 18. BURIAL, CREMATION, OR REMOVAL K.C. Mo.  
Highland Cemetery July 6, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Flynn + Street  
K.C. Mo.  
 20. FILED 7-6-38 M. M. Crowe  
 Local Registrar.

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.

hemiplegia

W T W T

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Edw J Evans

....., or by .....,  
Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Edw J Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St N B M

**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.)**

**If this body is not embalmed, above space should be left blank.**