

REC'D AUG 26 1938

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

Do not use this space.

25731

1. PLACE OF DEATH

County Laclede
Township
City Lebanon

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 87 ✓ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Elizabeth Thornhill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 30, 1938 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsville Ky

13. NAME Leonard Thornhill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Elizabeth Meadows

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Robert Thornhill
(ADDRESS) Cracker - saw

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE August 8, 1938

19. UNDERTAKER Wagoner
(ADDRESS) Lebanon

20. FILED _____ 19 _____ Registrar. 404

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Aug 7, 1938
I last saw him alive on Aug 7, 1938 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia following fractured right femur
Date of onset _____
Other contributory causes of importance: 1860
18

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident 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? _____
If so, specify _____
(Signed) Wagoner, M. D.
(Address) Lebanon

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25731

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township Primary Registration District No. 4267 Registered No.
 (c) City Lebanon (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

John Isaiah Smith Thornhill
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Thornhill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) July 3 1938 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisville Kentucky

13. NAME Leonard Thornhill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Elizabeth Meadows

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Robert Thornhill Crocker

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship DATE aug 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Wagoner Son Blowland 225

20. FILED 9-15 1938 J A McConib Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30 to Aug 7, 1938
 last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:

unknown following fractured of femur

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident 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?

If so, specify

(Signed) J. Thompson, M. D.
 (Address) Lebanon 225

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE IN WHICH IN PL. ...

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25731
Do not use this space.

1. PLACE OF DEATH
 (a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon (d) Street No. _____
 (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 John Isaiah Smith Thornhill
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 9 18

Uterine prolapse fractured 2 femurs fractured pelvis (July 30) tubercular carcinoma

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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

Other contributory causes of importance:
 fall fracture of hip at feet

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

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 29 1938
 Where did injury occur? No home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall
 Nature of injury fracture of femur surgical neck

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) P. Thompson, M. D.
 (Address) Lebanon Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.