

REC'D OCT 20 1938

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

Do not use this space.

32094

1. PLACE OF DEATH
 37 County De Kalb Registration District No. 23-8
 1 Township Washington Primary Registration District No. 5-3-60
 City Clarksdale (No. 157) St. _____ Ward _____

2. FULL NAME Benjamin Luke Thornton 653
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 26-5-1853

7. AGE YEARS MONTHS DAYS 85 3 26 If less than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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) 1-2-38 11. Total time (year) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, De Kalb, Miss

FATHER
 13. NAME William Thornton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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

17. INFORMANT Clarence Thornton
 (ADDRESS) Clarksdale, Miss

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Thornton Cem DATE 9-25 1938

19. UNDERTAKER John J. Bean
 (ADDRESS) Clarksdale, Miss

20. FILED 9/24 1938 Mrs. P. M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1/30, 19, to 9/10/38, 19.
 I last saw him alive on 9/10/38, 19. Death is said to have occurred on the date stated above, at 8 P.M. m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration 1930
chronic
 Other contributory causes of importance: (B)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) Oscar L. Perkins M. D.
233 (Address) Clarksdale, Miss

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

