

MAY 21 1939

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

Do not use this space.

694

14238

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph, Mo. (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No. 14238
Registered No. 359
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 0 yrs. 5 mos. 4 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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widorn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1865
7. AGE YEARS 75 MONTHS 11 DAYS 16
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife
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)
11. Total time (years) spent in this occupation life

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1865

7. AGE YEARS 75 MONTHS 11 DAYS 16
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Atchison Co. Missouri (STATE OR COUNTRY)

13. NAME Wm Green
14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ward
16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

17. INFORMANT Records of Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 4/4 1939

19. UNDERTAKER Scheyer Bros (ADDRESS) St. Joseph, Mo.

20. FILED Apr 4 1939 A. J. Seidelbach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, that I attended deceased from Nov. 15, 1938, to April 3, 1939

I last saw her alive on April 3, 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Broncho pneumonia 1939

Other contributory causes of importance: 10:1

General Arteriosclerosis 1939

Name of operation none Date of _____

What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) A. E. Miller M. D.
(Address) State Hospital #2
St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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