

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

25634
Do not use this space.

REC'D AUG 14 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318

(b) Township _____ Primary Registration District No. 2004 Registered No. 572

(c) City SPRINGFIELD (d) Street No. City Hospital St. _____

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da. _____

2. PRINT FULL NAME 65 H. Irene Thornhill

(a) Residence, No. 1014, Texas St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6 1899

7. AGE YEARS 40 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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. Laundress

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Edward Euryard

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

MOTHER 15. MAIDEN NAME Maggie Leachman

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

17. INFORMANT Maggie Leachman (ADDRESS) 917 E. Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Hwy DATE July 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Campbell
866 W. 4th Ave

20. FILED July 20, 1939 Chas. A. Hoge (Address) 290 Springfield, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1939

22. I HEREBY CERTIFY That I attended deceased from July 17, 1939 to July 17, 1939

I last saw her alive on July 17, 1939. Death is said to have occurred on the date stated above, at 12:15 m.

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

Date of onset 7-16-39

Other contributory causes of importance:
Chronic Salpingo-Ovaritis

Name of operation Salpingo-Ovary Date of 7-14-39

What test confirmed diagnosis? _____ 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 J. Newton Wakeness M. D.
(Signed) _____
290 Springfield, Mo.

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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MISSOURI STATE BOARD OF HEALTH

EX-103
MAY 3 1947
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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, or by W. P. Campbell, Registered Apprentice No. _____ working under my personal supervision.

Signed W. P. Campbell
Licensed Embalmer No. 1747
P. O. Address Springfield

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.

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