

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

Do not use this space.

20557

JUN 23 1937

1. PLACE OF DEATH  
 56 County Lewis Registration District No. 481  
 Township LaBelle Primary Registration District No. 5643B  
 City (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 18

2. FULL NAME John Lenord Thrasher  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Lurertis Graves Thrasher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1850  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 4 0  
 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)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Lewis, County  
 (STATE OR COUNTRY) Missouri

13. NAME Ely Thrasher

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

15. MAIDEN NAME Anna Fretwell

16. BIRTHPLACE (CITY OR TOWN) Lewis County  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Miss J. L. Thrasher  
 (ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
Midway Cent. Lewis Co. Mo. DATE May, 16 1937

19. UNDERTAKER James A. Coder  
 (ADDRESS) Lewistown, Missouri

20. FILED May 14, 1937 James A. Coder  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937  
 22. I HEREBY CERTIFY That I attended deceased from April 10, 1937, to May 14, 1937  
 I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Throat Date of onset years  
 Other contributory causes of importance: Senility No

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

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 3  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Harry S. McBrook  
 (Address) Lewistown, 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.

