

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

Do not use this space.

1. PLACE OF DEATH

32 County DeWitt Registration District No. 258
 Township Washington Primary Registration District No. 5360A
 City Clarksdale (No. _____) St. _____ Ward _____

File No. **22720**

Registered No. 6

2. FULL NAME

Sadie J. Thornton
 (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 Female 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 John J. Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.
66 11 14

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

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) (STATE OR COUNTRY) Afton Iowa

13. NAME Peter J. Long

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) John J. Thornton
Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cem. DATE July 27 1933

19. UNDERTAKER (ADDRESS) Edm Davis
Clarksdale Mo.

20. FILED 922 1933 Edm Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from About May 1st 1933, to July 21-1933 1933.
 I last saw her alive on July 21, 1933 1933. Death is said to have occurred on the date stated above, at 12. N. Main
 The principal cause of death and related causes of importance were as follows:

Carcinoma gall bladder? Date of onset 1932
46E
40
 Other contributory causes of importance: _____
 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? No
 If so, specify _____
 (Signed) O. L. Parsons M. D.
 (Address) Clarksdale, 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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