

WHITE 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.

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

Do not use this space.

36365

NOV 9 1934  
1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township \_\_\_\_\_ Primary Registration District No. 3020  
City Eastview (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Thelma Janet Thron  
(a) Residence, No. 225 N. Main St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		10	1	

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

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) Eastview Missouri

13. NAME Noah Thron

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

15. MAIDEN NAME Iris Peale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Missouri

17. INFORMANT Noah Thron  
(ADDRESS) 225 N. Main - Eastview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastview cemetery DATE Oct. 30, 1934

19. UNDERTAKER Knell Mortuary  
(ADDRESS) Eastview, Mo.

20. FILED Oct 30, 1934 J. B. Clinton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10:28:34, 1934, to 10:28:34, 1934.

I last saw him alive on 10-28-34, 1934. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Gastro-Enteritis  
1934  
10/27  
1934

Date of onset 10-1-34

Other contributory causes of importance:

Purulent Otitis Media 10-27-34  
Terminal Bronchopneumonia 10-27-34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cyan - 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 \_\_\_\_\_, 1934

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) Walter H. Howard, M. D.

(Address) Eastview, Mo.

