JUL 28 1937

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

Do not use this space.

File No. 23856

Registered No.

1. PLACE OF DEATH
County: Howell
Township: Chapel
City: (No. , St. Ward)

Registration District No. 383
Primary Registration District No. 5537

2. FULL NAME: Theodore Woodrow Thornton
(a) Residence, No. Mtn. View, Mo. Rt. # 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 yrs. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1912

7. AGE: Years 24 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming & Trucking.
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): June 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Mo.

FATHER
13. NAME: Cleve Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mtn. View, Mo.

MOTHER
15. MAIDEN NAME: Myrtle Thornton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mtn. View, Mo.

17. INFORMANT (ADDRESS): Rhoda Thornton, Mtn. View, Mo. Rt. 2

18. BURIAL, CREMATION, OR REMOVAL: Forrest Dell Cem
PLACE: Mtn. View, Mo. DATE: June 18, 1937

19. UNDERTAKER (ADDRESS): Hal Thornburgh. West Plains, Mo.

20. FILED: 6-26, 1937 G. W. Kingham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27th, 1937 to June 16 1:50 AM 1937
I last saw him alive on June 16 1:50 A.M., 1937. Death is said to have occurred on the date stated above, at 1:50 a.m. am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Symptoms 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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. J. L. Beaver M.D.
(Address) Willard, 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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