

SEP 20 1937

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

Do not use this space.

58 1. PLACE OF DEATH *Linn* Registration District No. *496* File No. *31116*
County *Linn* 2
Township *Brookfield* Primary Registration District No. *3025* Registered No. *68*
City *Brookfield* No. _____ St. _____ Ward _____

2. FULL NAME *Ella Thornberry*
(a) Residence, No. *620 So. Clinton* St., *4th* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *14* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OR~~ (OR) WIFE OF *Ernest Thornberry*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 29 1890*

7. AGE YEARS MONTHS DAYS If/LESS than 1 day, hrs. or min. *46: 7 22*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*

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) *Sumner Mo.*

13. NAME *Ernest Thornberry*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Ernest Thornberry* (ADDRESS) *620 South Clinton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sumner Mo.* DATE *Aug 23 1937*

19. UNDERTAKER *Homer Bowden* (ADDRESS) _____

20. FILED *Sep 9 1937* *J. W. P. Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-21 1937*

22. I HEREBY CERTIFY, That I attended deceased from *8/21 1937*, to *8/21 1937*, I last saw her alive on *8-21 1937* Death is said to have occurred on the date stated above, at *5:45 P.M.*

The principal cause of death and related causes of importance were as follows:
Basilar fracture of skull - Automobile accident at 5 P.M. 8/21/37 (occupant of automobile)

Other contributory causes of importance:

Name of operation *None used* Date of _____

What test confirmed diagnosis? *used* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide *accident* Date of injury *8/21 1937*
Where did injury occur? *Brookfield Mo.* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Highway 36*

Manner of injury *automobile accident*
Nature of injury *fractured skull*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *E. C. Emsch* M. D.
(Address) *Brookfield Mo.*

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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