

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County DeKalb
Township Washington
City Clarksdale (No. 9)

Registration District No. 258
Primary Registration District No. 4157

File No. 334089
Registered No. 10

2. FULL NAME

James William 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 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 Dolphus Hadley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1865
7. AGE YEARS 72 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farming
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sydney (STATE OR COUNTRY) Jawa

13. NAME James Riley Thornton

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

15. MAIDEN NAME Mary Ann Moody

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

17. INFORMANT James C. Thornton (ADDRESS) 3920 Wye Hill, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, Mo. DATE Sep 29, 1937

19. UNDERTAKER John A. Brian (ADDRESS) Clarksdale Mo

20. FILED Sep 28, 1937 Mrs C M Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Strangulation (Hanging)

Date of onset

Other contributory causes of importance: 165

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? suicide Date of injury Sep 25, 1937. Where did injury occur? In the Barn at his home (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) M. S. Hale _____ M. D.

(Address) Osborn Mo

Clarksdale 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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