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.

1898

1. PLACE OF DEATH

County: Audrain — Registration District No.: 26
Township: Salt River — Primary Registration District No.: 5034
City: Mexico Mo (No. R. F. D. #6 St. Ward)

File No.:
Registered No.: 9

2. FULL NAME: George Throckmorton 625

(a) Residence, No. R. F. D. #6 Mexico 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: 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: Sarah N. Throckmorton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26-1860

7. AGE: Years 77 — Months 9 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Nov 1937
11. Total time (years) spent in this occupation: Life

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

FATHER

13. NAME: Richard F. Throckmorton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: Rebecca Boamar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Audrain Co., Mo.

17. INFORMANT: Ralph Throckmorton
(ADDRESS): Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Audrain Co Mo
PLACE: Beaver Dam DATE: Jan. 25, 1938

19. UNDERTAKER: Chas. Arnold Jr.
(ADDRESS): Mexico, Missouri

20. FILED: Jan 25, 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1938, to January 16, 1938

I last saw him alive on January 16, 1938. Death is said to have occurred on the date stated above, at Noon m. 1-24-38

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

	Date of onset
Chronic degeneration	
Myocarditis	

Other contributory causes of importance:

General arterial degeneration	
Senile dementia	

Name of operation: None Date of
What test confirmed diagnosis? 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?
If so, specify: No.

(Signed) [illegible], M. D.
(Address) Mexico, Mo.

FILED
FEB 21 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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