

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

9983
Do not use this space.

REC'D APR 15 1938

1. PLACE OF DEATH

(a) County Andrew Registration District No. 11

(b) Township Jackson Primary Registration District No. 5015

(c) City..... (d) Street No..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ray Vernon Thorburn 616

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>-</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-4-1938</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>14</u> hrs. or min.
OCCUPATION		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		<u>-</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		<u>-</u>
10. Date deceased last worked at this occupation (month and year)		<u>-</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Andrew co mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Clarence Thorburn</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Andrew co mo</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Kiern Baumann</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Andrew co mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Clarence Thorburn</u> (ADDRESS) <u>Filmore mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Filmore</u> DATE <u>4-6-1938</u>		
19. FUNERAL DIRECTOR <u>E. C. Breit</u> (ADDRESS) <u>Savannah mo</u>		
20. FILED <u>Apr. 6 1938</u> <u>Mrs. Addie Baynes</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1938 to Apr 5 1938

I last saw him alive on Apr 4 1938 Death is said to have occurred on the date stated above, at 12 p.m.

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

Patent foramen ovale (patent)

Other contributory causes of importance: 157C

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?..... 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 Dr. H. H. Kelley
 (Signed) Savannah, M-D-
 (Address)

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.

50M-7-26-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed E. C. Breit
Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)