

REC'D FEB 21 1939

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

1545
Do not use this space.

1. PLACE OF DEATH *DATES*
(a) County *DATES* Registration District No. *53*
(b) Township *Rich Hill* Primary Registration District No. *3005* Registered No. *4*
(c) City *Rich Hill* (d) Street No. _____
(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 *Violet Bell Thornton*
(a) Residence, No. *5th & Sycamore - Rich Hill, Mo.* (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FEMALE* 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 *Wm. G. Thornton*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 11, 1873*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *65 3 10*
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *45*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Powell Missouri*
13. NAME *Charles Patterson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*
15. MAIDEN NAME *Elizabeth Martin*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't Know*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *JAN 21 1939*
I HEREBY CERTIFY That I attended deceased from *Jan. 14 1939* to *Jan 21 1939*
I last saw her alive on *Jan 21 1939*. Death is said to have occurred on the date stated above, at *2 P* m.
The principal cause of death and related causes of importance were as follows:
Cardio-Renal Disease
Staphylococcus
Infection on surface of body
(both hands)
Date of onset _____
Other contributory causes of importance: *2*
Name of operation _____ 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? *No*
If so, specify _____
(Signed) *Clayton J. Allen* M. D.
(Address) *Rich Hill, Mo.*

17. INFORMANT *Mrs. W. D. Morrell*
(ADDRESS) *Rich Hill, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cem* DATE *Jan 23 1939*
19. FUNERAL DIRECTOR *Booth*
(ADDRESS) *Rich Hill, Mo.*
20. FILED *Jan 23 1939* *Clayton J. Allen*
Local Registrar.

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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RECEIVED

District Health Officer No. 7,

District File Number 7-39-320

Date Filed 2-14-39

STATEMENT BY LICENSED EMBALMER

I, John J. Underwood, Licensed Embalmer No. 3585
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Underwood
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed John J. Underwood
Licensed Embalmer No. 3585

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.)