REC'D MAR 16 1939

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

Do not use this space.

File No. 6386

Registered No.

1. PLACE OF DEATH
32 County De Kalb 2 1
Township Washington
City Clarksdale (No. 65 St. Ward)
Registration District No. 25"
Primary Registration District No. 3 1 6 A

2. FULL NAME Jeremiah Jackson Thornton.

(a) Residence, No. (Usual place of abode) St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male.	white	

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Josephine J Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	9	18	

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Mo

FATHER
13. NAME William J. Thornton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee Mo.

MOTHER
15. MAIDEN NAME Hannah Todd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Miss.

17. INFORMANT (ADDRESS) Shelby J. Thornton Senatobia Miss

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thornton DATE ,19

19. UNDERTAKER (ADDRESS) Geo G Bass Clarksdale Miss

20. FILED ,19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25- ,1939

22. I HEREBY CERTIFY, That I attended deceased from 2-18- ,1939, to 2-25- ,1939
I last saw him alive on 2/25 ,1939. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - Left	2/21-39
Other contributory causes of importance: Hypertension	1915-

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) O. L. Perkins , M. D.
(Address) Clarksdale Miss

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.

168

RECEIVED
District Health Officer No. 11,
District File Number 39-161
Date Filed 3/15/39

9 - Garrison

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

6386
Do not use this space.

1. PLACE OF DEATH
(a) County DeKalb Registration District No. 258
(b) Township Washington Primary Registration District No. 5360 A Registered No.
(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 Jeriamiah Jackson Thornton
(a) Residence, No. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/7/1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Wm T. Thornton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Hannah Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT (ADDRESS) Shelby Thornton Stanberry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thornton DATE 2-29 1939

19. FUNERAL DIRECTOR (ADDRESS) John G Brown Clarksdale Mo

20. FILED Mar 10, 1939 Mrs C M Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1939 to 2-25-1939
I last saw h... alive on 2-21-1939. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hemiplegia - Left	

Other contributory causes of importance:
2 Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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
(Signed) O. L. Perkins, M. D.
(Address) Clarksdale Mo

EXAMINED

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS in First CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

6286
Do not use this space.

1. PLACE OF DEATH
(a) County DeKalb — Registration District No. 25-8
(b) Township Washington — Primary Registration District No. 5360 — Registered No.
(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 Jeremiah Jackson Thornton

(a) Residence, No. ... St. ☐
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	81	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..., 19... *Local Registrar.*

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... 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:

	Date of onset
Hemiplegia Left.	
Sequella of Cerebral Hemorrhage	
O.F.P.	

Other contributory causes of importance:
Thyro Topicosis

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 ...
(Signed) O. L. Perkins, M. D.
(Address) Clarksdale Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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