

1937 JUN 20 1939

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

49896
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline
 (b) Township.....
 (c) City Slater
 (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 William Jackson Thornton
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 3 15

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 Thornton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER:
 15. MAIDEN NAME Bessie Rollins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Jessie May Thornton
 (ADDRESS) Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Concord Church DATE 5-4 1939

19. FUNERAL DIRECTOR Hill Brothers
 (ADDRESS) Slater, Mo.

20. FILED May 3 1939
W. M. Little
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1938, to May 2 1939. I last saw him alive on May 1 1939. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Chr. Bronchitis - Rt. chest
Chr. Emphysema - Left chest
 Date of onset 2-1-1939
11-1938
1-1939

Other contributory causes of importance:
Lobar pneumonia
Chr. Myocarditis
Chr. Pericarditis
Chr. Hepatitis
Chr. Nephritis
 Name of operation Thoracotomy Date of 3-25-1939
 What test confirmed diagnosis Sub. & Clin. 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
 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) O. A. McFarney, M. D.
 (Address) Slater, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/14/39

STATEMENT BY LICENSED EMBALMER

I, Sam M Hill, Licensed Embalmer No. 1292

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

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

Signed Sam M Hill
Licensed Embalmer No. 1292

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.)