

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.

JUL 21 1936

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

Do not use this space.

24049

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Perry Primary Registration District No. 6020-A
City Bonne Terre (No. Bonne Terre Hospital) St. _____ Ward _____

File No. _____
Registered No. 39

2. FULL NAME

Wm B. Thurman
(a) Residence, No. Do. R. N. Mo. St. _____ Ward _____
(Unusual 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1848
7. AGE YEARS 87 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) St. Genevieve Co., Mo.

13. NAME Wm Thurman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co., Mo.

15. MAIDEN NAME Elizabeth Thurman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co., Mo.

17. INFORMANT Mrs George Bird (ADDRESS) River Mines, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Do. R. N. Mo DATE 6/4 1936

19. UNDERTAKER Needert and Co (ADDRESS) Farmington, Mo

20. FILED June 3 1936 M. W. Hawkin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to June 2, 1936
I last saw him alive on June 2, 1936. Death is said to have occurred on the date stated above, at 11:00 A. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Chronic Excessive Alcoholism
Chronic arterial sclerosis, hypertensive char.
Myocarditis
Other contributory causes of importance _____
Date of onset 5/21/36
Date 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? N. B.
If so, specify _____
(Signed) Paul Z Jones, M. D.
(Address) 7th River, Mo

~~HR~~

Paul Jones