

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

Do not use this space.

18267

**1. PLACE OF DEATH**

County St. Francois  
Township Raymond  
City Sauveur (No. \_\_\_\_\_)

Registration District No. 779  
Primary Registration District No. 6024A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Warren Thurman

(a) Residence. No. Sauveur St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
69 yrs 6 mos. 6 day

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve Pauley  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Thurman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Sarah Beyrue

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) mo.

14. INFORMANT Alanna Thurman (Son)  
(Address) St. Louis mo.

15. FILED 5-19-1928 R. B. Lester  
REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 18, 1928, that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
100%  
10/10 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) R. B. Lester, M. D.  
5-19-1928 (Address) Desloge Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park View Cemetery DATE OF BURIAL May 20 1928

20. UNDERTAKER Alvin W. Hood ADDRESS St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

