

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

Do not use this space.

7181

1. PLACE OF DEATH
 110 County Washington Registration District No. 887
 3 Township Primary Registration District No. 4538
 6 City Potosi (No.) St. Ward)
 2. FULL NAME Samuel Fulton Thurman
 (a) Residence, No. St., Ward.
 (Usual 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace V. Shewes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1860
 7. AGE YEARS 71 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 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) Ste Genevieve Co., Mo.
 FATHER
 13. NAME Perrin Thurman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Jos. L. Thurman (ADDRESS) Potosi, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Mo. DATE 3-2 1932
 19. UNDERTAKER Bayer & Son (ADDRESS) Potosi, Mo.
 20. FILED 3-2 1932 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1931 to Feb. 29 1932
 I last saw him alive on Feb. 2 1932 Death is said to have occurred on the date stated above, at 11:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Sarcoma of right lung
Primary
 Date of onset
 Other contributory causes of importance:
HTA
47
10
 Name of operation Date of
 What test confirmed diagnosis? X-ray 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? no
 If so, specify Ed. Russell (Signed) M. D.
 (Address) Potosi Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 25 1932

