MAY 28 1927

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

Do not use this space.

12184

1. PLACE OF DEATH
County Lafayette
Township Clay
City ..... (No. ..... St. ..... Ward)
Registration District No. 466
Primary Registration District No. 5622C
File No. .....
Registered No. 11

2. FULL NAME Alexander W Thurmon
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Thurmon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 186[illegible]
7. AGE Years 66 Months 1 Days 22 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER David Thurmon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Matilda Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Warren Co Mo

14. INFORMANT Cecil A Thurmon
(Address) Wellington Mo
15. Filed Apr 15, 1927 F.W. Munn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1927
17. I HEREBY CERTIFY, That I attended deceased from 12 April 14, 1927, to 14 Apr 1927 that I last saw he alive on April 14, 1927 and that death occurred, on the date stated above, at 12:15 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. ..... mos. ..... ds.
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) J. A. Mann M. D.
April 15 1927 (Address)

*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 Wellington Mo
DATE OF BURIAL April 1927
20. UNDERTAKER Ernest Fegert
ADDRESS Lexington 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.