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

Do not use this space.

8897

File No. 2792
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 3213 Bailey St. Ward)
Registration District No. 78
Primary Registration District No. 1003

2. FULL NAME James W. Thursby

(a) Residence. (Usual place of abode) No. 3213 Bailey St. 10 Ward.
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Charlotte Virginia Thursby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Safe Deposit Dept
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer First National Bank

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER James Thursby
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Charlotte Virginia Thursby
(Address) 3213 Bailey

15. FILED 21, 19 Mar C Tarlton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Feb 24, 1929, that I last saw him alive on Feb 24, 1929, and that death occurred, on the date stated above, at 5 25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
82 B.
Thrombosis of Coronary Vessels
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 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) L. H. Hampson, M.D.
Mar 6, 1929 (Address) 606 Huntington Bldg

*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 Bellefontaine — DATE OF BURIAL Feb 27 1929

20. UNDERTAKER Akron Bell Co. — ADDRESS 2707 N. Grand

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