

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

Do not use this space.

11254

1. PLACE OF DEATH

County Jefferson
Township Joachim
City Crystal City Mo. (No.) St. Ward)

Registration District No. 421
Primary Registration District No. 5575

File No.
Registered No. 39

2. FULL NAME Donald Paul Thomure

(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 28da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 13th., 1929</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>7</u>
	DAYS <u>28</u>	IF LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) " (c) Name of employer "		

9. BIRTHPLACE (CITY OR TOWN) Crystal City
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) "
	12. MAIDEN NAME OF MOTHER <u>Grace Thomure</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ste. Genevieve</u> (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Grace Thomure
(Address) Crystal City Mo.

15. FILED 3/12/39 J. C. Rittler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1929

17. I HEREBY CERTIFY That I attended deceased from March 11, 1929, to March 11, 1929, that I last saw him alive on March 7, 1929, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
Whooping Cough
CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) yrs. mos. 3da.
(duration) yrs. mos. 20da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. C. Rittler, M. D.
(Address) Crystal City 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 Festus Missouri DATE OF BURIAL Mar. 13 1929

20. UNDERTAKER Duester and Vinyard ADDRESS Festus Mo.

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

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.

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APR 25 1929
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J. J. Commerford.