FEB 20 1930

79

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

Do not use this space.

2179

1. PLACE OF DEATH
County Perry
Registration District No. 660
File No. 2.
Township Salinie
Primary Registration District No. 5875 A
Registered No.
City (No. St. Ward)

2. FULL NAME John H. Thomure

(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): Married

5a. If Married, ~~Widowed, or Divorced~~ HUSBAND of ~~(or) WIFE of~~ Emily Thomure

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1868.

7. AGE: Years 61, Months 11, Days 17. 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) (STATE OR COUNTRY) Perry County Mo

PARENTS
10. NAME OF FATHER Ferdinand Thomure
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County - Mo.
12. MAIDEN NAME OF MOTHER Don't Know,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co. Mo

14. INFORMANT Walter Thomure
(Address) 3888 Delmar Av, St Louis, Mo

15. FILED 1/23, 1930. Geo. J. Mecker
Geo. Mecker, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23rd. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1930, to Jan 23rd, 1930, that I last saw him alive on Jan 22, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, in both Lung. Double Pneumonia
108
(duration) yrs. mos. ds.

101a

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
O
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Bassett, M. D
, 19 (Address) Perryville 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: Minnith Cemetery
DATE OF BURIAL: 1-25 1930

20. UNDERTAKER: Zellner & Young Und. Co.
ADDRESS: Perryville

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.