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

Do not use this space.

14394

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3738

City St Louis, Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME James Wilford Thebeau

(a) Residence. No. ..... St., 12 Ward. Cadet, Mo
(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	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 Mary Grace Thebeau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 - 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill Worker 188 107A
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Washington Co
(STATE OR COUNTRY) Mo

1

PARENTS

10. NAME OF FATHER Thomas Thebeau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Nee Emma Thebeau
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington Co
(STATE OR COUNTRY) Mo

14. INFORMANT Thomas Thebeau
(Address) Cadet Mo.

15. FILED APR 14 1930 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12 1930

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6 25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia following shock & injuries (Crushed Chest) received when gored by bull at Cadet, Mo (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John J. Hurley M.D.
4/14, 1930 (Address) Deputy Coroner

*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	DATE OF BURIAL
Potosi Mo	4-14 1930

20. UNDERTAKER	ADDRESS
J. B. Boyer & Son	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.