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

Do not use this space.
22474

1. PLACE OF DEATH
County: Franklin
Township: Prairie
City: Richwood (No. ..... St. ..... Ward)

Registration District No. 294
Primary Registration District No. 5418

File No.
Registered No. 37

2. FULL NAME: Isabell Thurmond

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Thurmond

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-24-149

7. AGE: YEARS 80 | MONTHS 9 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Cyrus Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Groton
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary Ann Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ashland
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. Effie Reid
(Address): Richwood Mo

15. FILED: 8/1/30 W. E. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to July 29, 1930, that I last saw h. alive on July 29, 1930, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery
13C
162 160 (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Senility (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? Clinical

(Signed) J. W. Porter, M. D.
7/29, 1930 (Address) Richwood

*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: Oak Grove Cemetery
DATE OF BURIAL: 7/31 1930

20. UNDERTAKER: Corey & Co.
ADDRESS: St. Louis

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.