

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

Do not use this space.

34552

File No. **9930**

Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 2000
Township _____ Primary Registration District No. 2000
City _____ (No. 2133a Fair)

2. FULL NAME

Marion Thurmond
(a) Residence No. 2133a Fair St. 9 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 Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Walker Thurmond

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 4 unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Virginia

10. NAME OF FATHER

Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Wm Bradley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

14.

INFORMANT Miss K. Sullivan
(Address) 2133a Fair

15.

FILED 19 Nov 6 Starckoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1930

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1930, to Oct 16, 1930, and that I last saw her alive on Oct 16, 1930, and that death occurred, on the date stated above, at 4:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

162
Cardiac failure
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiol Exam
(Signed) H. F. Stanton, M. D.

*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 New St. Marcus Cem DATE OF BURIAL 10/20 1930

20. UNDERTAKER W. A. Stock Und. Co. ADDRESS 2117 E Grand

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.

Dr. H. L. Montague.

Harvard College