

26 1931

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

6533

1. PLACE OF DEATH

County Perry
Township Central
City Perryville

Registration District No. 660
Primary Registration District No. 4396

File No. 6
Registered No. _____
St. _____ Ward _____

2. FULL NAME Anna Elizabeth Thurmond

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John E. Thurmond</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 3 1868</u>		
7. AGE <u>62</u>	YEARS <u>4</u>	MONTHS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (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) Franklin Co., Mo.

PARENTS

10. NAME OF FATHER <u>Ben T Fisher</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co., Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Mary E. Bailey</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co., Mo.</u>

14.

INFORMANT John E Thurmond
(Address) Miami, Fla.

15.

FILED 2/11/31 Res. J. Mackey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931 19
17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930, 19, to Feb 11 1931, 19, that I last saw her alive on Feb 11 1931, 19, and that death occurred, on the date stated above, at 6.15 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [Signature], M. D.
, 19 _____ (Address) Perryville

*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

Franklin Co., Mo.

DATE OF BURIAL

2/14 1931

20. UNDERTAKER

H. M. Casey

ADDRESS

St. Clair, 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.

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