

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22179

1. PLACE OF DEATH

County NorthTownship GlitchallCity East City (No. 1)Registration District No. 903Primary Registration District No. 4545File No. 18Registered No. 18St. Mo.Ward 182. FULL NAME Cyrus Miles Thumber(a) Residence, No. 1

(Usual place of abode)

St. Mo.Ward 18

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Alma Thumber6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1848

7. AGE

YEARS 84MONTHS 8DAYS 10

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer10. Date deceased last worked at this occupation (month and year) 13 July 193311. Total time (years) spent in this occupation 97 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Central Ill.

FATHER

13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) George Thumber

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grand City CemeteryDATE 7/2

1933

19. UNDERTAKER (ADDRESS) John C. Thumber20. FILED July 2, 1933

1933

John C. Thumber

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-3322. I HEREBY CERTIFY, That I attended deceased from 1933, to 6-30-33I last saw him alive on about May 10, 1933 Death is said to have occurred on the date stated above, at 500 E. 1st. The principal cause of death and related causes of importance were as follows:Date of onset Arterio Sclerosis(He called 6-30-33 - was dead when I arrived at his house)Other contributory causes of importance: 97 1/2Name of operation SpecifiedWhat test confirmed diagnosis? Specified Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 1933Where did injury occur? Specified (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. YesManner of injury YesNature of injury Yes24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify B. J. Ross

(Signed)

(Address) Grand City, Mo.

M. D.

