

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8032

1. PLACE OF DEATH

County Butler Registration District No. 980 File No. _____
 Township Epks Primary Registration District No. 5192 Registered No. _____
 City 2nd W. Papelon Bldg. No St. _____ Ward _____

2. FULL NAME Arthur Allen Thurman

(a) Residence, No. 2nd W. Papelon Bldg. No Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Thurman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1879

7. AGE YEARS 54 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 22-1934 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

FATHER 13. NAME Robert Thurman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Nancy Clementine Patty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Madison Thurman (ADDRESS) Almo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay Springs Cem DATE Mar 3 1934

19. UNDERTAKER N.T. Phillips (ADDRESS) Epks Bldg. No

20. FILED 3/1 1934 M. S. Blackwell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1934 to Mar 1, 1934

I last saw him alive on Feb 24, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia 2/24/34
Infarction 2/24/34

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Deckerwell, M. D.

(Address) Papelon Bldg. No

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

