

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CasperRegistration District No. 408File No. 25052

Township

Primary Registration District No. 3020

Registered No.

City Carthage(In Case of Death in Hospital) McGowan-Brooks Hospital

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 303 W. Sixth 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Thurman</u>
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1857

7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Missouri13. NAME John Thurman14. BIRTHPLACE (CITY OR TOWN) Oxton Co.
(STATE OR COUNTRY) Illinois15. MAIDEN NAME Agnes Jane16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana17. INFORMANT Mrs. Ernest Davis
(ADDRESS) 303 W. Sixth - Carthage

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rock Cemetery DATE July 21, 193419. UNDERTAKER Knell Mortuary
(ADDRESS) Carthage, Mo.20. FILED July 20, 1934 S. B. Clinton
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 193422. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to July 20, 1934I last saw him alive on July 20, 1934 Death is saidto have occurred on the date stated above, at 12:45 p.m.

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

Chronic Interstitial Nephritis Date of onsetChronic atherosclerosis13137132.6

Other contributory causes of importance:

Uremia with convulsionsName of operation Clinical Lab Date of _____What test confirmed diagnosis? Clinical Lab Was there an autopsy? no

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) Reynold B. Clinton, M. D.(Address) Carthage 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.

AUG 4 1934

