

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.

DEC 23 1934

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

Do not use this space.

1. PLACE OF DEATH ISOLATION HOSPITAL 751
 County..... Registration District No.
 Township..... Primary Registration District No. 2003
 City St. Louis, Mo. (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Joyce Thurmond
 (a) Residence, No. 3830 Sherman 17 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41342

File No.
 Registered No. 11328
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 10 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 19

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Allen Thurmond

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

15. MAIDEN NAME Sue Boucher

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

17. INFORMANT (ADDRESS) Grace Perry 2600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Silent Ch. DATE Nov-29-34

19. UNDERTAKER (ADDRESS) Petz 1310 3024 Lafayette

20. FILED NOV 28 1934 J. G. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1934

22. HEREBY CERTIFY, That I attended deceased from Nov 17, 1934 to Nov 27, 1934
 I last saw her alive on Nov 27, 1934 Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Diphtheria Acute Acute Toxic Myocarditis
Faucial Staphylococci Cervical adenitis
 Other contributory causes of importance:
Acute Toxic Myocarditis

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide Date of injury 19.....
 Where did injury occur? No (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 No
 (Signature) J. G. Bredeck Registrar.
 (Address) ISOLATION HOSPITAL

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