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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 2 1935

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

Do not use this space.

8205

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph, (No. 1416 So. 16th. St. St. Ward)

File No.:

Registered No.: 375

2. FULL NAME: Edward Therman

(a) Residence, No. 1416 So. 16th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 8, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): 1934

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waldeck, Germany

FATHER

13. NAME: Carl Therman

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

MOTHER

15. MAIDEN NAME: Bertha Schmidtke

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

17. INFORMANT (ADDRESS): Mrs. Emma Therman 1416 So. 16th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wathena, Kansas DATE: Apr. 1, 1935, 19

19. UNDERTAKER (ADDRESS): Walter Meinhofer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 4-1-, 1935 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar, 30, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.00 A. M.

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

	Date of onset
Acute dilatation of Heart	
Chronic Mitral regurgitation	?
Chronic Myocarditis	?
Aneurism ~~left~~ right innominate artery	1933

Other contributory causes of importance: 96

Name of operation: None Date of:

What test confirmed diagnosis? X-Ray 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? No

If so, specify:

(Signed) M. W. Morse, M. D.

(Address) 232 Indiana Ave. St. Joseph, Mo.