

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.

SEP 25 1935

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

Do not use this space.

27242

1. PLACE OF DEATH

County Perry
Township Braceau
City _____ (No. _____, St. _____, Ward _____)

Registration District No. 657
Primary Registration District No. 5874

File No. _____
Registered No. 11

2. FULL NAME

Gerhard H. Thurn Altamburg, Mo.
(a) Residence, No. _____, St. _____, Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Thurn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-3-1860</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>5</u>	DAYS <u>16</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Aged farmer</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) <u>Nov. 1931</u>	
11. Total time (years) spent in this occupation <u>45</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Altamburg Mo.</u>		
FATHER	13. NAME <u>Freugett Thurn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Johanna Fuelle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>R. G. Britche Altamburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Em. Lutheran Cemetery Altamburg Mo.</u> DATE <u>8-21-1935</u>		
19. UNDERTAKER (ADDRESS) <u>Sammy A. Thurnick Perryville Mo.</u>		
20. FILED <u>8-20-1935</u> <u>Adolph G. Schmidt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1935 to 8-19-1935.
I last saw him alive on 8-13-1935. Death is said to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver Date of onset _____

Other contributory causes of importance:
None

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) E. A. Paerisch, M. D.
(Address) J. Polina, Mo.

