274

DEC 12 1935

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

Do not use this space.
34743

File No. 9602
Registered No.

1. PLACE OF DEATH
County
Registration District No. 1003 791
Township
Primary Registration District No.
City St. Louis, Missouri (No. City Hospital # 2 St. Ward)

2. FULL NAME Caroline Thurman
(a) Residence, No. 3710 Rutger St., 18 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1894

7. AGE: Years 41 | Months 4 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Wright City, Missouri

FATHER
13. NAME Silas Britt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright City Missouri

MOTHER
15. MAIDEN NAME Mary Pendleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright City Missouri

17. INFORMANT (ADDRESS) Hazel Jackson 21 South Channing

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bremmer Cemetery DATE 11-18-35 19

19. UNDERTAKER Garner & Love Undertaking Co.
(ADDRESS) 3103 Washington

20. FILED NOV 16 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Coronary Occlusion	
Chr. Glomerulo Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Harold [illegible], M. D.
(Address) [illegible]

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

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.