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

JAN 21 1936

Do not use this space.

42163

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township Black Creek — Primary Registration District No. 6092 — Registered No.
City (No. , St. Ward)

2. FULL NAME William Herman Von Thun

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise von Thun

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27 1863

7. AGE: YEARS 72 — MONTHS 0 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Melbourne, Australia

FATHER
13. NAME: Nicolas von Thun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Carolyn Burckhard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Louise von Thun, Shelbyville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lutheran Cemetery DATE: Dec-18- 1935

19. UNDERTAKER (ADDRESS): E. P. Thompson, Shelbyville, Mo

20. FILED: Dec 20 1935 Pearl Goe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-10-33, 19, to 12-3-35, 19
I last saw him alive on 12-3-, 1935, Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy.

Date of onset

Other contributory causes of importance:
Hypertension

Name of operation: Clinical Date of
What test confirmed diagnosis? Clinical 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) A. M. Wood, M. D.
(Address) Shelbina Mo.

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10
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.