JUN 26 1936

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

Do not use this space.

20528

1. PLACE OF DEATH
County Ste Genevieve
Township Sto Gen
City Ste. Genevieve (No. ..... , ..... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 4466

File No. .....
Registered No. 26

2. FULL NAME Lill Thomure

(a) Residence, No. ..... St., ..... 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: male
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: April 20, 1866

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~July 15, 1875~~

7. AGE: 70 YEARS | MONTHS: 1 | DAYS: 11 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Missouri

FATHER
13. NAME Joe Thomure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Bisle Torro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr Aug Breckle Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste Genevieve Mo DATE May 5, 1936

19. UNDERTAKER (ADDRESS) Leo C Bessler Ste Genevieve Mo

20. FILED May 5, 1936 T. W. Douglas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-36, 19

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 4, 1936
I last saw him alive on May 4, 1936. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 4/28/36 |

Other contributory causes of importance:

| | |
|---|---|
| Lobar Pneumonia | 5/2/36 |
| arterio-sclerosis | ? |

Name of operation ..... 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) R. W. Lanning, M. D.
(Address) Ste Genevieve Mo.

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.