

JUL 23 1936

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

Do not use this space.

23449

1. PLACE OF DEATH

County Lincoln
Township Bedford
City Troy

Registration District No. 491
Primary Registration District No. 4298

File No.
Registered No.
St. Ward)

2. FULL NAME

George Lemuel Thurman

(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 50 yrs. 6 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. Thurman, Deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1849</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>4</u>
	DAYS <u>14</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>Retired</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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Warren County
(STATE OR COUNTRY) Missouri

13. NAME Joseph Thurman

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Winnifred C. Shelton

16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT Zula Thurman
(ADDRESS) Troy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy, Mo. DATE June 19, 1936

19. UNDERTAKER Member Brothers
(ADDRESS) Troy, Missouri

20. FILED June 18, 1936 Mrs. Pearl Muck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 17, 1936

22. I HEREBY CERTIFY That I attended deceased from July 15, 1936, to June 17, 1936
I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at his home
The principal cause of death and related causes of importance were as follows:

1. Cancer of Stomach
2. Senility

Name of operation none 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) J. C. Creech M. D.
(Address) Troy Mo.

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

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B. CAUSE

