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.

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

Do not use this space.

OCT 20 1936

33699.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1168
City St. Joseph (No. 315 W. Kansas Ave. St. Ward)

2. FULL NAME Baby Thurston—(Twin-No. 1)
(a) Residence, No. 315 W. Kans. 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-11-1936
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or 45 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Joseph, Missouri.

FATHER
13. NAME Wade Lee Thurston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Honey Grove, Texas.

MOTHER
15. MAIDEN NAME Anna Laura Gorman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri.

17. INFORMANT (ADDRESS) Wade Lee Thuston 315 W. Kans.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Sept. 14, 1936
19. UNDERTAKER (ADDRESS) Graves Funeral Home. 806 S. 17th St.
20. FILED Sept 14, 1936 N. J. Nestlebush Registrar. By J. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936, to Sept 11, 1936
I last saw him alive on Sept 11, 1936. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Premature Delivery 1/5 — Date of onset Sept 10 36

Other contributory causes of importance:
Master Lee on porch several days ago.

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) Fenton Thurston, M. D.
(Address) 216 W W Mo ave