JAN 23

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

Do not use this space.

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No. 44138

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME Ollie Thursby

(a) Residence, No. Veterans Administration Facility Excelsior Springs, Mo. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE — YEARS: 45 — MONTHS: ? — DAYS: ? — 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. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Texas

FATHER

13. NAME Joe Thursby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Texas

MOTHER

15. MAIDEN NAME Jennie Wilks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Texas

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 12 - 11 - 1936

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.

20. FILED 12 - 80 1936 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936, to Dec. 10, 1936

I last saw him alive on Dec. 10, 1936. Death is said to have occurred on the date stated above, at 3:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
VHD, mitral and aortic, decompensated	
Myocarditis, chronic, severe	

Other contributory causes of importance:

Arteriosclerosis, moderate

Name of operation none Date of

What test confirmed diagnosis? Examination & Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 Unknown

(Signed) H. C. Hardegree, M. D.

(Address) H. C. HARDEGREE, Clinical Director, Veterans Administration Facility Excelsior Springs, Missouri.