

Joe Thurman

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

Do not use this space.

JAN 27 1937

47472

1. PLACE OF DEATH

County Washington
Township Butler
City Mineral Point

Registration District No. 887
Primary Registration District No. 6179

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Marie Lachance

(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 M 4. COLOR OR RACE W 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) 12-14-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mineral Point

13. NAME Elmer Lachance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) old mine

15. MAIDEN NAME Ethel Madison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Point

17. INFORMANT Harry Madison (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Powderhook DATE Dec 22 1936

19. UNDERTAKER Sparks (ADDRESS)

20. FILED Jan 11 1937 G.F. Croasree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1936 to Dec. 18 1936
I last saw him alive on Dec. 14 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:
Premature birth
6 1/2 mo -

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify _____
(Signed) Joseph L. Thurman, M. D.
(Address) Butler, 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.

