APR 13 1936

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

Do not use this space.

2891

File No. 48016

Registration District No. 791

Registered No. 2781

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City ..... (No. Ess Route Otto Mo Rt #2 St. ..... Ward)

2. FULL NAME Foetus Thurman

(a) Residence, No. 2812 Walnut St. St., 22 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): S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1936

7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.
3 Mo. Ges.

OCCUPATION

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) St Louis Mo

FATHER

13. NAME Fred Thurman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hog to Otto - Mo

MOTHER

15. MAIDEN NAME Louise Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris - Tenn -

17. INFORMANT (ADDRESS) Fred Thurman 2812 Walnut st

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 3/14/ 1936

19. UNDERTAKER (ADDRESS) Wm C. McDonnell 3506 Franklin Ave

20. FILED MAR 13 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 30 a.m.

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

	Date of onset
Stillborn - Premature	
Birth - Cause Unknown	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

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) Harold L. Gates, M.D.

(Address) Otto Mo

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.

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

MARGIN RESERVED FOR BINDING

VS. NO. 2
100M-3-28-35