MAY 7 1937

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

Do not use this space.

14744

1. PLACE OF DEATH MAY 7 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Children's Hospital St. Ward)

File No. ..... Registered No. 4240

2. FULL NAME Bobby Don Thurman

(a) Residence, No. 2241 Woodson Rd St., NR Ward. Overland, Missouri
(Usual place of abode) Overland Mo (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5th 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	5	4	18	

OCCUPATION

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

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) Bonne Terre, Missouri

FATHER

13. NAME Harry Thurman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Missouri

MOTHER

15. MAIDEN NAME Pearl DeClue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood, Missouri

17. INFORMANT (ADDRESS) Harry Thurman, ~~Overland~~ Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonne Terre, Mo. DATE April 25th 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue.

20. FILED APR 24 1937 19 J. F. Bruesch Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd, 1937

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 8 15 A m.

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

Food Poisoning by eating spoiled food (Bacterial Decomposition)

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, ~~suicide, or homicide?~~ ..... Date of injury 4-20, 1937

Where did injury occur? Overland, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Eating spoiled food

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Alfred J. Perry M. D.

(Address) Deputy Coroner

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.

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