

AUG 25 1937

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

Do not use this space.

53  
1  
3

1. PLACE OF DEATH

County Laclede  
Township \_\_\_\_\_  
City Conway (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 4484266  
Primary Registration District No. 5608

File No. 27584  
Registered No. 15-

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 3-8-37, 1937, to 5-10, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1861

last saw h. 4 alive on 5-7-37, 1937 Death is said

7. AGE? YEARS 75 MONTHS 6 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

to have occurred on the date stated above, at 5 a. m.

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

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

Cancer Liver Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Other contributory causes of importance: U6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

13. NAME Daniel Legass

Name of operation none Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Kansas

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

15. MAIDEN NAME Hainey Plester

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Kansas

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Mrs Anna Pille (ADDRESS) Long Lane

Manner of injury \_\_\_\_\_ Nature of injury 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 5/11 1937

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

(Signed) C. C. Burages, M. D. (Address) Conway, Mo

20. FILED 7-27 1937 Ann Montgomery Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
FATHER  
MOTHER

22-19

