OCT 15 1937

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

Do not use this space.

33524

File No.
Registered No.

1. PLACE OF DEATH

County Andrew — Registration District No. 13

Township — Primary Registration District No. 4010

City Savannah (No. Dr. Nichols Sanatorium St. Ward)

2. FULL NAME Joel Dickerson Thurman

(a) Residence, No. 115 No. Central Ave. St., Ward. Chanute, Kansas.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) July 1936
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Thurman
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Lutetia Owens
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Elizabeth Thurman (ADDRESS) Chanute Kansas

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Chanute Kansas DATE Sept. 25, 1937

19. UNDERTAKER Frank A Bowman (ADDRESS) Savannah, Mo.

20. FILED Sept 25, 1937 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937, to Sept. 25, 1937, 19..
I last saw him alive on Sept. 25, 1937. Death is said to have occurred on the date stated above, at 9-30P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrage — Date of onset 9-22-37

82 ?

Other contributory causes of importance:
Arterio Sclerosis ?

Name of operation None Date of
What test confirmed diagnosis? Physical findings Was there an autopsy? No

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? No
If so, specify
(Signed) D. E. Mathews, M. D.
(Address) Savannah, Mo