

NOV 14 1938

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

35058
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. 240
 (c) City Columbia (d) Street No. Boone County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Stillbirth of Mr. & Mrs. James C. Thurber
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1938
 7. AGE YEARS _____ MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as 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) Columbia, Mo.
 FATHER 13. NAME James Cameron Thurber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Minnetonka, Minn.
 MOTHER 15. MAIDEN NAME Miriam Leon Wall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Wing, Minnesota
 17. INFORMANT Mrs. James C. Thurber (ADDRESS) Columbia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL to Dept. of Health
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edwards
 20. FILED 10/11/38 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1938
 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 _____ m.
 The principal cause of death and related causes of importance were as follows:
Collapsed cord
Hypoxemia
Septicemia
Trifida
 Date of onset _____
 Other contributory causes of importance:
Hypoxemia which allowed cord to
rupture due to canal
not being obstructed
 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) E. D. Baskett, M. D.
 7th (Address) Columbia

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

STATEMENT BY LICENSED EMBALMER
TO BE FILED IN THE RECORDS OF THE
DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.