

REC'D FEB 24 1939

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

2887
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Lewis* Registration District No. *477*

(b) Township *1* Primary Registration District No. *4286* Registered No. *5*

(c) City *Canton* (d) Street No. _____ 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 NAMES *655 Samuel E. Thurmond*

(a) Residence, No. *Canton Mo* 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 *Male* 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 *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 24 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 — 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Farmer*

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) *Jan 1938* 11. Total time (years) spent in this occupation *41 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lewis Co Kentucky*

13. NAME *William E. Thurmond*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Hannah Stevens*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Thurmond Wagner* (ADDRESS) *Canton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Iron Hill* DATE *Jan 13 1939*

19. FUNERAL DIRECTOR *F. S. Kelly* (ADDRESS) *Canton Mo*

20. FILED *Jan. 12 1939* *H. W. Harris M.D.* (Address) *Canton Mo*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 11 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 10 1939* to *Jan 11 1939*,
I last saw him alive on *Jan 10 1939*. Death is said to have occurred on the date stated above, at *4:30 P.M.*

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

Other contributory causes of importance: *92 W*

Name of operation _____ Date of _____
What test confirmed diagnosis? *Stenosis* 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) *H. W. Harris* M. D.
(Address) *Canton 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-88

Date Filed FEB 8 1939

STATEMENT BY LICENSED EMBALMER

I, W. S. Kelly, Licensed Embalmer No. 1955-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Kelly

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. S. Kelly
Licensed Embalmer No. 1955-

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