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.

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

MAY 9 1941

Do not use this space.

File No. 14259

Registered No. 53

1. PLACE OF DEATH

County: Clay — Registration District No. 198

Township: Fishing River — Primary Registration District No. 30 11

City: Excelsior Springs, Mo. — Veterans Administration Facility — St. ..... Ward)

2. FULL NAME THURMAN, Dallas

(a) Residence, No. 1915 East 13th St., ... Ward. Kansas City, Mo.
(Usual place of abode) Kansas City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
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) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina Co. Missouri

FATHER

13. NAME Alex Thurman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Amelia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. REMOVAL PLACE Kansas City, Mo. DATE 4-6-41 19

19. UNDERTAKER (ADDRESS) Claude Prichard, Excelsior Springs, Mo.

20. FILED April 7 1941 Mrs Rea McBrocken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-31-41, 19..., to 4-6-41, 19...
I last saw him alive on 4-6-41, 19... Death is said 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:

	Date of onset
Coronary Occlusion	3-14-41
Other contributory causes of importance: Pulmonary Edema	4-5-41

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) JEREMIAH LAST, M.D. M. D.
(Address) Veterans Administration Facility, Excelsior Springs, Missouri

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-41