

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

Do not use this space.

18982

5393

1. PLACE OF DEATH

County.....

Registration District No. **7011**

Township.....

Primary Registration District No. **1003**

City **St Louis**

St Marys Inf.

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. **1863 Madison** St., **26** Ward.

(Usual place of abode) (If nonresident give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 16 - 1869**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59	3	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **General Labor**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Mo.**
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **James A. Thurman**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **England**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT **John B. Brockland**
(Address) **1828 Hogan St.**

15. FILED **May 17, 1928** **May C. Hankley**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-16 1928**

17. I HEREBY CERTIFY That I attended deceased from **5-8-1928** to **5-8-1928**, and that I last saw him alive on **5-16-1928**, and that death occurred, on the date stated above, at **12:00** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
936
109 90 B
(duration) **1** yrs. **12** mos. **da.**
CONTRIBUTORY **Hypertension**
(SECONDARY)
(duration) **1** yrs. **12** mos. **da.**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

20. WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination**
(Signed) **Eugene F. Moore**, M. D.

5-17-1928 (Address) **1836 Poplar.**

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Roma Terra Mo.** DATE OF BURIAL **May 17 1928**

20. UNDERTAKER **Aug Brockland & Co** ADDRESS **1421 N. 9th**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

