

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

Do not use this space.

24794

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. St. John's Hospital
City..... (No. St. John's Hospital Ward)

File No. 6201
Registered No. 6201

2. FULL NAME Earl Thayer

(a) Residence, No. 4250 Helmar Blvd. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Gentry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-21-1890</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>6</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>State Clerk</u>		11. Total time (years) spent in this occupation
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)		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to July 13, 1933
I last saw him alive on July 13, 1933 Death is said to have occurred on the date stated above at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:
Pyloric ulcer Date of onset
11/11
Other contributory causes of importance:
Cancer of colon

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Detroit Mich.</u>
MOTHER
13. NAME <u>John Thayer</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>
15. MAIDEN NAME <u>Maud Willet</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
17. INFORMANT (ADDRESS) <u>Betty Thayer 4250 Helmar Blvd.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park 7-17-33</u>
19. UNDERTAKER (ADDRESS) <u>Guy Malton 4250 Helmar Blvd.</u>
20. FILED <u>JUL 17 1933</u> <u>J. F. Beddeck</u> Registrar.

Name of operation Hysterectomy Date of July 13, 1933
What test confirmed diagnosis? Was there an autopsy? Yes
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? Yes
If so, specify.....
(Signed) [Signature], M. D.
(Address) 517 B. Raymond St. St. Louis

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.

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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS THIS IS A PERMANENT RECORD

Dr J. H. B. J. J. J.
3720 Washington
J. 1800