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

MAR 24 1934

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 980 — File No. 4121
Township Exto. — Primary Registration District No. 5132 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Walter Thurman
(a) Residence. No. ..... St., ... 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: M
4. COLOR OR RACE: w
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) Mar. 31, 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	10	24	

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

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER A. A. Thurman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poplar Bluff Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Elizabeth Russell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Poplar Bluff Mo.
(STATE OR COUNTRY)

14. INFORMANT John Thurman
(Address) Poplar Bluff Mo

15. FILED 2/26, 1934 M. D. Caldwell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1934

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934, to Feb 25, 1934 that I last saw him alive on Feb 24, 1934, and that death occurred, on the date stated above, at 2:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
1266
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Diarrhoea
(duration) yrs. mos. 15 ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Lee Harwell, M.D.
2/25, 1934 (Address) Poplar Bluff Mo.

*State the DISEASE CAUSING DEATH, or in 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: Bay Springs
DATE OF BURIAL: Feb 26 1934 md

20. UNDERTAKER: N. T. Phelps
ADDRESS: Poplar Bluff Mo