

Do 1/2 AND: 25 1938

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

36677
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 775
(b) Township Peru Primary Registration District No. 6020-A Registered No. 76
(c) City Bonne Terre Mo (d) Street No. _____ St. _____
(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 NAME DENNIS ELMER THURMAN
(a) Residence, No. Bonne Terre Mo St. (If nonresident, give city or town and State)

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 Della Thurman (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1885
7. AGE YEARS 53 MONTHS 1 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Missouri
FATHER 13. NAME Minnie Thurman
14. BIRTHPLACE (CITY OR TOWN) Ste Genevieve Co (STATE OR COUNTRY) Missouri
MOTHER 15. MAIDEN NAME Mary C. Claywell
16. BIRTHPLACE (CITY OR TOWN) Ste Genevieve Co (STATE OR COUNTRY) Missouri
17. INFORMANT Della Thurman (ADDRESS) Bonne Terre Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE B. Cemetery DATE Oct. 14, 1938
19. FUNERAL DIRECTOR (NAME) Benham Hud Co (ADDRESS) Bonne Terre Mo
20. FILED Oct. 14, 1938 N. W. Hanks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-8-, 1938, to 10-11-, 1938
I last saw him alive on 10-11-, 1938 Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchiectasis
Pneumonia Date of onset 1930
Other contributory causes of importance: 1070
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Maurice J. Hawk, Jr., M. D.
(Address) Bonne Terre, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, G. J. Claywell

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

G. J. Claywell
Licensed Embalmer No. 3706

P. O. Address Bonnetville Mo

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.)

If this body is not embalmed, above space should be left blank.