

REC'D JAN 18 1939

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

Do not use this space.

43550

1. PLACE OF DEATH

County

Township

City

(No. _____)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

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

F. E. Thurston

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

Aug-13-1868

7. AGE

YEARS

70

MONTHS

4

DAYS

8

If LESS than 1
day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House wife

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)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

Hopkins

(STATE OR COUNTRY)

Madaway Co. Mo.

13. NAME

Henry Clay Fleming

14. BIRTHPLACE (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

15. MAIDEN NAME

Nancy Jones

16. BIRTHPLACE (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

F. E. Thurston

Knob Noster Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Knob Noster

DATE

Dec-22-1938

19. UNDERTAKER

(ADDRESS)

C. L. Saults

Knob Noster Mo.

20. FILED

Dec 22, 1938

J. A. Koch

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1 1938, to Dec 21 1938

I last saw her alive on Dec 21 1938 Death is said

to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

① Angina Pectoris

Date of onset

94th

Other contributory causes of importance:

② Other myocardial

Name of operation

Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed)

J. W. Trout, M. D.

(Address)

Knob Noster Mo

387

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.

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

RECEIVED
District Health Officer No. 8,
District File Number 11/6/39
Date Filed -----