

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

Do not use this space.

21764

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. 1123)

Registration District No. 1123
Primary Registration District No. 6248 E
ST. LOUIS HOME SANATORIUM

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME

Mike H. Thurman

(a) Residence. No. _____ St. _____ Ward. Doerun, Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 11 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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 22 1889

7. AGE YEARS 39 MONTHS 2 mos DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Doerun, Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER William Thurman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Edis M. Birch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cleveland Ohio
(STATE OR COUNTRY)

14. INFORMANT Flora Thurman
(Address) Flat New Missouri

15. FILED June 7 1928 L. C. Brock, M. D. REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27 1928, to June 7 1928 (that I last saw him/her alive on June 7 1928, and that death occurred, on the date stated above, at 9:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A (duration) not known to me yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 31 neral (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED not known to me.
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? N.O. DATE OF _____

WAS THERE AN AUTOPSY? N.O.

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem examination X-ray

(Signed) James Schuster M. D.
6/7 1928 (Address) 3515 S. Grand St. K.C.

*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 Dodd Hollow Cem. Doerun, MO DATE OF BURIAL 6/10 1928

20. UNDERTAKER Neidert Und. Co., Farmington, Mo. ADDRESS _____

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

K. 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.

