

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

Do not use this space.

10363

APR 26 1935

1. PLACE OF DEATH

County St. Francis Registration District No. 775
Township T. S. R. 1 Primary Registration District No. 6020
City Bonnieville (No. B.T. Hospital) St. _____ Ward _____

File No. _____
Registered No. 20

2. FULL NAME

Lawrence James Thurman, Jr.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1926</u>		
7. AGE	YEARS <u>8</u>	MONTHS <u>7</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Boy</u>
	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) (STATE OR COUNTRY)
Cantwell, Mo.

FATHER 13. NAME Lawrence J. Thurman Sr.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Genevieve, Mo.

MOTHER 15. MAIDEN NAME Clara Williams

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Madison, Mo.

17. INFORMANT Lawrence Thurman Sr.
(ADDRESS) Cantwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Falls DATE March 24, 1935

19. UNDERTAKER C. J. Boyer
(ADDRESS) DeLoach, Mo.

20. FILED March 28, 1935 N. W. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1935, to Mar 21, 1935.
I last saw him alive on Mar 21, 19____. Death is said to have occurred on the date stated above, at 7¹⁵ m.

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

Low Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Culture 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) C. H. Appberry, M. D.
(Address) Flax River, Mo.

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.

