

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

13327

300

**399**

**1. PLACE OF DEATH**

County..... Jackson Registration District No. ....  
Township..... Frank Primary Registration District No. .... 152  
City..... Kennett (No. 1202 West 40th) Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... 1202 West 40th 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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia J Hurley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 23 March 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 1 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Mfg  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER James Hurley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Geo W. Hurley  
(Address) 6039 Central

15. FILED 5/23/22 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1922

17. I HEREBY CERTIFY, That I attended deceased from May 8th, 1922, to May 21, 1922 that I last saw him alive on May 21, 1922, and that death occurred, on the date stated above, at 1450 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endocarditis, Chronic, and Streptococcus infection of the left parotid gland, and senile degeneration (duration) # 3 yrs. — mo. — ds.  
CONTRIBUTORY (SECONDARY) Influenza history (duration) # 1 mo. — ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory, bacterial  
(Signed) C. S. Frayer, M. D.  
May 22, 1922 (Address) 536 Lee Bldg

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill. DATE OF BURIAL 0723 1922

20. UNDERTAKER Stine & McClure ADDRESS Kennett

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

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.

