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

Do not use this space.

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2582

File No. 791

Registered No. 8 122

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No. 1003

City St Louis Mo. (No. Cuvonte Ro Stop St. Ward)

2. FULL NAME Harry Hurse

(a) Residence. No. 2031 Clark Ave St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Juanita Hurse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9/1883

7. AGE: Years 43 | Months 0 | Days 22 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pipefitter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waco
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Richard Hurse

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Juanita Hurse
(Address) 2031 Clark Ave

15. JAN - 1 1927 Filed, 19 Max C. Starcoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1-27 19

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on 1/45 a , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun shot wound of Chest

1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Homicide

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1/9/27

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Date of

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

1/3 19 (Signed) Jno. Dorsey M.D.
(Address) Dep Coroner

*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 Waco, Texas

DATE OF BURIAL 1/4 1927

20. UNDERTAKER Dunn Bros.

ADDRESS 213 S. Jefferson Ave

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.