AUG 17 1927

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

Do not use this space.

20668

1. PLACE OF DEATH

County Buchanan — Registration District No. 81 — File No.

Township Bloomington, — Primary Registration District No. 5122 — Registered No. 4

City (No. Near DeKalb, Missouri, St. Ward)

2. FULL NAME William Hurst,

(a) Residence. No. Near DeKalb, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie MartinHurst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 'y.7, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	5	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work REtired Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Armstred Hurst,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Flemingsburg,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Matilda Faris,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Flemingsburg,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. Wm. Hurst
(Address) R.F.D.# 1, DeKalb, Mo.

15. FILED 7/10, 1927 J. H. McAdow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to July 10, 1927 that I last saw him alive on July 10, 1927, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

1290 131

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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? Usual

(Signed) J. H. McAdow, M. D
, 19 (Address) DeKalb Mo.

*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 DeKalb Cemetery — DATE OF BURIAL July 12 1927.

20. UNDERTAKER Heaton Br. Gold Und. Co. by J. W. Hanle. — ADDRESS St. Joseph, 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.