4 1928

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

Do not use this space.

8632

1. PLACE OF DEATH
County Harrison — Registration District No. 340 — File No.
Township ~~White Oak~~ — Primary Registration District No. 4203 — Registered No.
City New Hampton (No. ..... St. ..... Ward)

2. FULL NAME Martha Ellen Hurd
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wallis Wm Hurd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 23 1850

7. AGE: Years 77 — Months 6 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Darlington
(STATE OR COUNTRY): Wis

PARENTS
10. NAME OF FATHER: Michal Brinigar
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ind.
12. MAIDEN NAME OF MOTHER: Emley Cramer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ken

14. INFORMANT: Mrs F. Aldman
(Address): New Hampton Mo

15. FILED: Apr 11, 1928 — J. H. Wilson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 8, 1928, to Mch 18, 1928, that I last saw her alive on Mch 18, 1928, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fever
113
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 113
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. H. Wilson, M. D
Mch 18, 1928 (Address) New Hampton 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: Blythdale — DATE OF BURIAL: Mar 19 1928

20. UNDERTAKER: W. G. Noble — ADDRESS: New Hampton

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.