

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791'**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **5653** **Vernon Ave**)

File No. **19241**

Registered No. **5671**

St.

Ward)

2. FULL NAME

(a) Residence. No. **5653 Vernon Ave** St. **5** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

Carlos F. Hurd

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

May 5, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>49</i>	<i>0</i>	<i>19</i>	

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Marshall, Mo.

10. NAME OF FATHER

J. H. Cordell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Alice Montague

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mississippi

14. INFORMANT (Address)

*Carlos F. Hurd
5653 Vernon Ave*

15. FILED

..... 19.....

May 17 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 24 1928

17.

I HEREBY CERTIFY That I attended deceased from *May 18, 1928* to *May 19, 28* that I last saw h.e. alive on *May 24, 1928* and that death occurred, on the date stated above, at *11:57 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Art. resuscitation
POA (duration) yrs. mos. *7* da.

CONTRIBUTORY (SECONDARY)

chronic arthritis (duration) *2 1/2* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF *5/24-28*

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *D.R. Perman*, M. D.

, 19 (Address) *Wall Bldg St. Louis*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL (CREMATION) OR REMOVAL

DATE OF BURIAL

Bellafontaine Cemetery May 26 1928

20. UNDERTAKER

ADDRESS

Chas. L. Geraghty 4822 Easton Ave

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.

