

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

Do not use this space.

19594

1. PLACE OF DEATH
 County Shelby Registration District No. 830
 Township South River Primary Registration District No. 6091
 City Shelbina (No.) St. Ward

2. FULL NAME David Hurst
 (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.

File No. 13
 Registered No.
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 8 | 19

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928

17. I HEREBY CERTIFY That I attended deceased from May 2, 1928, to May 14, 1928, that I last saw him alive on May 14, 1928, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Prostate.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Glenn
 (Signed) J. O. ..., M. D.
 , 1928 (Address)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT David Hurst
 (Address) Lakeview Mrs
Wm. H. Madge REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shelbina Mo DATE OF BURIAL May 15 1928

20. UNDERTAKER E. J. Peter ADDRESS Shelbina

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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