JAN 23 1929

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

Do not use this space.

23505-A

1. PLACE OF DEATH
County Gentry
Township
City Gentry (No. ..... St. ..... Ward)
Registration District No. 4187
Primary Registration District No. 4
File No.
Registered No.

2. FULL NAME Louise 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 10 yrs. X mos. X 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(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) Gentry Co. Mo

PARENTS
10. NAME OF FATHER Frederick Summa
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) C
12. MAIDEN NAME OF MOTHER Higher Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ben

14. INFORMANT F. M. Summa (Address) Gentry Mo

15. FILED 7/21, 1928 C. N. Williamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1928

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 20, 1928, that I last saw her alive on July 20, 1928, and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
(duration) 20 yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Home of N
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. N. Williamson M.D.
, 1928 (Address) Gentry 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 New Friendship
DATE OF BURIAL July 22 1928

20. UNDERTAKER T. R. Shockley
ADDRESS Albany Mo

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.