

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

Do not use this space

32702

1. PLACE OF DEATH

County..... Barton
Township..... Lamar
City..... Lamar (No.)

Registration District No. 40
Primary Registration District No. 4024

File No.
Registered No. 21 St. Ward)

2. FULL NAME

Maritti Hurst

(a) Residence. No. Sl. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

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

E. E. Hurst

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

Oct 3-1869

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|----------|--|
| <u>59</u> | <u>0</u> | <u>6</u> | <u>0</u> |

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)

Kenyon
Missouri

10. NAME OF FATHER

Halsten Braaten

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

Norway

12. MAIDEN NAME OF MOTHER

Anne

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

Norway

14.

INFORMANT E. E. Hurst
(Address) Lamar, Mo.

15.

FILED 11-5-25 A. J. Myrseth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 9th 1928

17.

I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to Oct 9th, 1928 that I last saw her alive on Oct 9th, 1928, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
127B
127A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH. DATE OF

..... WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Deane, M. D.
, 19 (Address) Lamar 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

Lake Cemetery

DATE OF BURIAL

10-11-28

20. UNDERTAKER

C. J. Honan

ADDRESS

Lamar

... EXACTLY. PHYSICIANS should state ... OCCUPATION is very important. ... so that it may be properly classified. ...

1928

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Barton Registration District No. 40 File No.
 Township Primary Registration District No. 4024 Registered No. 21
 City Jamez (No.) St. Ward)

2. FULL NAME Maritta 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 19... A. J. Myrath REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw him alive on 19... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
After removal of gall bladder
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRAICTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address)

*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 | DATE OF BURIAL |
| | 19 |
| 20. UNDERTAKER | ADDRESS |
| | |

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, not carefully selected. OCCUPATION should be stated in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES. PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT. COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-32702