

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

Do not use this space.

4007

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **St. Lukes Hosp**)

File No. **619**
Registered No. **619**
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **5218 Waterman** Ward **IV**
(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 **Male** 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 **Mildred L. Hurd**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov-27-1876**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	52	1	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Manufacturers Agent**
(b) General nature of industry, business, or establishment in which employed (or employer). **Manager**
American Radiator Company
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Chicago, Ill.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Geo. A. Hurd**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **New Milford Conn.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Irene Barker**

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

14. INFORMANT **Mrs H. G. Hurd**
(Address) **5218 Waterman Ave**

15. FILED **JAN 11 1929** **May E. Barker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 11th 1929**

17. I HEREBY CERTIFY, That I attended deceased from **1/8/29** to **1/11/29**, 19**29**, and that I last saw him alive on **1/11/29**, and that death occurred, on the date stated above, at **3:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - Prob. (per) 100%
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

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? (Signed) **Frank D. Fisher**, M. D.

1/12, 1929 (Address) **Jersey Blvd**

*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 **Bellefontaine Cem** DATE OF BURIAL **Jan 14 1929**

20. UNDERTAKER **Chas Lupton** ADDRESS **4449 Olive**

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

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