

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

Do not use this space.

13725

1. PLACE OF DEATH

County Andrew
Township Savannah
City Savannah (No.)

Registration District No. 13
Primary Registration District No. 4010

File No.
Registered No. 16
St. Ward)

2. FULL NAME

Margaret N. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
91 | 2 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Issac Best

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

12. MAIDEN NAME OF MOTHER Issac Harrington

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

14. INFORMANT Russell Diller
(Address) Savannah Mo.

15. April 29 1929
PREP. Clifford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12 1929

17. I HEREBY CERTIFY that I attended deceased from April 12 1929 to April 12 1929
that I last saw her alive on April 30 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis
9/10
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) W.P. Kelley, M.D.

*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 Savannah Mo DATE OF BURIAL 4-14 1929

20. UNDERTAKER E.C. Best Savannah Mo
ADDRESS

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.

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