MAR 28 1930

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

1. PLACE OF DEATH

County Monroe — Registration District No. 582 — File No. 5761

Township Washington — Primary Registration District No. 5780 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME James H Hurley

(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 72 yrs. 5 mos. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1857

7. AGE: Years 72 — Months 5 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

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 .....

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

PARENTS

10. NAME OF FATHER: James Hurley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER: Cathern McGrath
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.

14. INFORMANT: Thomas P Hurley
(Address) Stoutsville Mo

15. FILED 2/24 1930 H C Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24- 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feb 23, 1930, that I last saw him alive on Feb 23, 1930, and that death occurred, on the date stated above, at 6 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs
23 A
162 (duration) yrs. 18 mos. ds.

CONTRIBUTORY (SECONDARY) Infirmities of age
(duration) yrs. mos. ds.

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? Clinical

(Signed) W. T. Bell, M. D
, 1930 (Address) Stoutsville 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: Indian Creek Cem — DATE OF BURIAL: 2/25 1930

20. UNDERTAKER: Grover J Givan — ADDRESS: Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly