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.

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

Do not use this space.

10252

File No.

Registered No. 2215

1. PLACE OF DEATH

County

Township

City St Louis (No. 5052 Minerva Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Hurley

(a) Residence. No. St., 6 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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1869

7. AGE: 61 YEARS about MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Private watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Public Service Co.

(c) Name of employer

18 2

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

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PARENTS

10. NAME OF FATHER: John Hurley

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

12. MAIDEN NAME OF MOTHER: Ellen Kelley

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

14. INFORMANT: Mrs William Kennah
(Address) 5052 Minerva ave

15. FILED 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from 2nd February 20th, 1930, to March 2, 1930 that I last saw him alive on March 2nd, 1930, and that death occurred, on the date stated above, at 1 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation Heart 131

924 (duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) 2 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?

March (Signed) Albert Bierbarth, M. D.

3rd, 1930 (Address) 3548 - S. Grand

*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: Calvary Cemetery

DATE OF BURIAL: 3/5 1930

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St