MAY 27 1930

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

Do not use this space.

13154

1. PLACE OF DEATH
County Lafayette
Township Dover
City ..... (No. ..... St. ..... Ward)
Registration District No. 460
Primary Registration District No. 5623-B
File No. .....
Registered No. 37

2. FULL NAME Clifford Allen Hursman

(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 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 X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	11	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mo. River Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Kan. City Bridge Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Andrew Hursman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salina Co.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Laura Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co
(STATE OR COUNTRY) Mo.

14. INFORMANT Andrew Hursman
(Address) Dover Mo

15. April 16, 1930 Dessie P Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from 11 Apr, 1930, to 15 Apr, 1930 that I last saw h..... alive on Apr 15, 1930, and that death occurred, on the date stated above, at 11:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. L. Harwood, M. D
April 16, 1930 (Address) Dover 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 Dover Mo.
DATE OF BURIAL April 17 1930

20. UNDERTAKER Ernest Fegert
ADDRESS Lexington Mo

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.