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

Do not use this space.

18667

85

1. PLACE OF DEATH

County: Buchannan — Registration District No.: 1001 — File No.: 695

Township: — Primary Registration District No.: — Registered No.:

City: St. Joseph. (No. 423 North 7th Street. St. Ward)

2. FULL NAME James A. Hurst.

(a) Residence. No. 423 North 7th Street. 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10, 1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew County.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Eliza Hurst.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Indiana.

12. MAIDEN NAME OF MOTHER Margaret Best.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay County
(STATE OR COUNTRY) Missouri.

14. INFORMANT Virgil Hurst.
(Address) 423 North 7th Street.

15. FILED JUN 16 1930 John L. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1928, to June 16, 1930 that I last saw him alive on May 12, 1930, and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr
1926
1927
Several (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arthritis
Several (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? Clinical

(Signed) [illegible], M. D.

6/16, 1930 (Address) St. Joseph 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	DATE OF BURIAL
Savannah Missouri.	June 17 1930
20. UNDERTAKER H. O. Siderfaden	ADDRESS 1802 Union St.

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.