

NOV 28 1930

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

Do not use this space.

35038

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 144
St. Ward

2. FULL NAME

Charles Hurvey

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 20 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) Feb. 19 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 8 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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) High Co., Mo

10. NAME OF FATHER Albert Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) D. K.

12. MAIDEN NAME OF MOTHER Ruth E. Hurvey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

14. INFORMANT Hospital Record
(Address) Marshall Mo

15. FILED 10-26 1930 Mrs. Jno. H. McQuinn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 1930

17. I HEREBY CERTIFY, that I attended deceased from Jan. 27 1930 to Oct. 20 1930
that I last saw him alive on Oct. 19 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception
(Enteric)
22B (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Enteric
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

(DID AN OPERATION PRECEDE DEATH?) No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Path

(Signed) J. H. Cooper, M. D.

Mo. 1930 (Address) Marshall

*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 Mo. State School DATE OF BURIAL Oct 21 1930

20. UNDERTAKER P. M. Cooper ADDRESS Marshall

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.

