

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

Do not use this space.

35603

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
Township Clayton Primary Registration District No. 6023  
City Mo. (No. St. Louis Co. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hurley, Mrs. Hannah.  
(a) Residence, No. Flourished Rd at Edgemoor. 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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About 10</u>	<u>3</u>	<u>—</u>	<u>—</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		11. Total time (years) spent in this occupation <u>none</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
MOTHER	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>St. Louis Co Hospital Record</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>10/29</u> 19 <u>31</u>				
19. UNDERTAKER <u>Peoples Und. Co.</u> (ADDRESS) <u>3100 Franklin Ave.</u>				
20. FILED <u>Oct 27</u> 19 <u>31</u> <u>R W Sullivan</u> Registrar.				

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1931, to 10-25 1931  
I last saw h. en alive on 10-25 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Chy Myocarditis - Nutrit  
Stenosis - Arteriosclerosis  
Date of onset ?

Other contributory causes of importance:  
Old age.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) John A. Rogus, M. D.  
(Address) Clayton 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.

NOV 28 1931

