

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

Do not use this space.

100

7 1. PLACE OF DEATH Bates  
 County..... Registration District No. 29005  
 6 Township Seagr  
 6 City Rich Hill (No. ....) St. .... Ward .....

2. FULL NAME Wm Fern Hurry  
 (a) Residence, No. .... St. .... Ward .....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard E Hurry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1909

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>22 years</u>	<u>0</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 1/2

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME James Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Marion Diddy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT James Lewis (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside City Mo DATE 1932

19. UNDERTAKER Frank Lee (ADDRESS) Rich Hill Mo

20. FILED Jan 4 1932 Registrar [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1931, to Jan 3 1932

I last saw h. on alive on Jan 3 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows: Centr. Neoplasm following 6 1/2 months pregnancy unmenstruating

Other contributory causes of importance: hypertension

Name of operation Cesarian section Date of Dec 26

What test confirmed diagnosis histology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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? .....

If so, specify .....

(Signed) [Signature], M. D.  
 (Address) Rich Hill Mo

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.

1932

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

JUN 3 1950

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dates

Registration District No. 5-3

File No. ....

Township .....

Primary Registration District No. 3005-

Registered No. 2

City Rich Hill (No. ....)

St. .... Ward)

**2. FULL NAME**

Fern Wiley

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to ....., 19.....

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

I last saw h..... alive on ....., 19..... 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:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of .....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME

Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE DATE ....., 19.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED ....., 19.....

(Signed) ....., M. D.

(Address) .....

Registrar

**SUPPLEMENTARY**  
*can't claim we did*  
*any more*

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-100