

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

Do not use this space.

16506

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
 Township Moore Primary Registration District No. 2007  
 City Betwell (No. 5269) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William H. Hurst  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia M. Hurst  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5-1847  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
85 1 25  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 12 years 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2.

FATHER 13. NAME William Hurst

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

MOTHER 15. MAIDEN NAME Elizabeth Todd

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

17. INFORMANT (ADDRESS) Mrs. Julia M. Hurst  
2007 R. B. Box 312 Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Mission Cemetery DATE May 3 1932

19. UNDERTAKER (ADDRESS) P. M. Clark  
Galena, Missouri

20. FILED 5/2 1932 W. H. Johnson Registrar

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 1932

22. I HEREBY CERTIFY That I attended deceased from Jan-10- 1932 to May-2- 1932  
 I last saw him alive on Apr-20- 1932 Death is said to have occurred on the date stated above, at 6 a. m.  
 The principal cause of death and related causes of importance were as follows:

apoplexy  
 82A  
 97  
 Other contributory causes of importance: Arterio Sclerosis  
 Date of onset 1 Year

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Blind Was there an autopsy? No

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Johnson, M. D.  
 (Address) Joplin Mo

MARGIN RESERVED FOR BINDING  
 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.

