

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.

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

Do not use this space.

26030

1. PLACE OF DEATH

42 County Henry5 Township Deepwater3 City Christopher C. HurdgenRegistration District No. 3515Primary Registration District No. 4208

File No. _____

Registered No. 46-15

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Married6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1830

7. AGE

YEARS 82MONTHS 4

DAYS _____

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer9. 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 _____12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

FATHER

13. NAME David Hurdgen14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Batyzda Johnson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo17. INFORMANT
(ADDRESS) John Hurdgen

18. BURIAL, CREMATION, OR REMOVAL

PLACE ProtestantDATE 8-12-193219. UNDERTAKER
(ADDRESS) John Hurdgen20. FILED 8-13

1932

J. J. Bessell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from

8-10, 1932, to 8-11, 1932I last saw him alive on 8-11, 1932. Death is saidto have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Ulcer of Stomach
(Cancer)
4-10-1830 B

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Ulcer 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? no

If so, specify _____

(Signed) J. J. Bessell(Address) Deepwater

, M. D.

