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.

OCT 24 1932

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

Do not use this space.

28391

1. PLACE OF DEATH

4 County Audrain — Registration District No. 24 — File No.

Township Prairie — Primary Registration District No. 5033 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Elizabeth Martin Hurt

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF W.H.Hurt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 26-1851

7. AGE — YEARS: 81 — MONTHS: 4 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) March 1930
11. Total time (years) spent in this occupation 58

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

FATHER

13. NAME Salon D.Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Catherine Pinkerton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs. Chas. Vogt Laddonia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo. DATE Sept. 21- 1932

19. UNDERTAKER (ADDRESS) R.W.Campbell Marshall Mo.

20. FILED 9-20 1932 W.K. McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to Sept. 19, 1932
I last saw her alive on Sept. 18, 1932 Death is said to have occurred on the date stated above, at 11.15 A.M.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset 1930

71A 71A

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Blood 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) W. K. McCall, M. D.
(Address) Laddonia Mo.