

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

Do not use this space.

10460
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1. PLACE OF DEATH
 73 County Newton Registration District No. 608
 Township Primary Registration District No. 5708-
 1 City Fairview (No.) St. Ward
 2. FULL NAME Katherine Hurst
 (a) Residence, No. Fairview 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. 1 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 A. J. Hurst
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1852
 7. AGE YEARS 80 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Feb. 1933 11. Total time (years) spent in this occupation 60 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 MOTHER FATHER 13. NAME Wm Tabor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME May Lane
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT Miss Delia Hurst
 (ADDRESS) Fairview Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Tona Mo. 19.
 19. UNDERTAKER Fairview Funeral Home
 (ADDRESS) Fairview Mo.
 20. FILED 4-3-1933 19. W. R. Pinnell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1933
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 30 1933 to Mar 30 1933
 I last saw h. alive on Don't know, 19. Death is said to have occurred on the date stated above, at 9:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Heart attack
9573
162 2107A
 Other contributory causes of importance:
Senility
 Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify
 (Signed) J. A. Russell, M. D.
 (Address) Fairview 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.

MAY 22 1933

