

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

Do not use this space.

13116

1. PLACE OF DEATH

County Iron County Registration District No. 11-1
 Township Bellevue Primary Registration District No. 11-1
 City Bellevue (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Joseph C. Hurt 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leige Hurt</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20, 1879</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>53</u>	<u>5</u>	<u>1</u>		
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. <u>Farmer</u>				
	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) <u>Missouri</u>					
MOTHER FATHER	13. NAME <u>James H. Hurt</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
	15. MAIDEN NAME <u>Sarah Thomson</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>					
17. INFORMANT <u>Albert Hurt</u> (ADDRESS) <u>DeLoe, Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Xavier</u> DATE <u>April 23, 1933</u>					
19. UNDERTAKER <u>C. Boyer</u> (ADDRESS) <u>DeLoe, Mo</u>					
20. FILED <u>April 22, 1933</u> <u>James W. Townsend</u> Registrar. (Address) <u>11th Ave Mo</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1933

22. I HEREBY CERTIFY That I attended deceased from March 26, 1933 to March 26, 1933
 I last saw him alive on March 26, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Diseased Heart
59
59
 Other contributory causes of importance _____

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? No
 If so, specify _____
 (Signed) Dr. W. G. L. Meador, M. D.
 (Address) 11th Ave Mo

WITH UNFADING INK---THIS IS A PERMANENT RECORD

E. PLAIN. 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

