

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

Do not use this space.

14286

1. PLACE OF DEATH

91 County Ripley Registration District No. 75 B
Township Doughman Primary Registration District No. 5 1/2
City..... (No.....) St..... Ward.....

File No. 12
Registered No. 1169

2. FULL NAME

Peter Hurst
(a) Residence, No. Pulaski Mo St. Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Nelle Howton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-21-1879</u>		
7. AGE - YEARS <u>53</u>	MONTHS <u>4</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key, Ky.</u>		
13. NAME <u>Wm. Hurst</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn, Tenn.</u>		
15. MAIDEN NAME <u>Moore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>M. H. Hurst, Doughman, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sanity</u> DATE <u>4-22-33</u>		
19. UNDERTAKER (ADDRESS) <u>Family friends</u>		
20. FILED <u>4-24</u> 19 <u>33</u> <u>E. H. Johnston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1933, to April 21, 1933
I last saw him alive on March 27, 1933 Death is said to have occurred on the date stated above, at 8:20 AM
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis (Date of onset 23)

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) R. H. Stanton, M. D.
(Address) Doughman 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 24 1933

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