

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francis
Township Low
City Low (No.)

Registration District No. 141
Primary Registration District No. 60174 + 6017

File No. **20859**
Registered No.
St. Ward

2. FULL NAME

Colyde Hurst

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ward with father farming
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spanishville, Mo.

13. NAME Calvin Hurst 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foxes, Mo.

15. MAIDEN NAME Anna Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key State

17. INFORMANT (ADDRESS) Calvin Hurst, Brown Mountain

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Mountain DATE Mar. 5/17, 1933

19. UNDERTAKER (ADDRESS) W. E. Bond, Brown Mountain, Mo.

20. FILED 7-9, 1933 J. M. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933

22. I HEREBY CERTIFY, that I attended deceased from , 1933, to , 1933.

I last saw h alive on , 1933. Death is said to have occurred on the date stated above, at m.

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

By being struck by No. 3 train while crossing RR track - on regular way home from his work

Other contributory causes of importance:

207 MI 207

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 , 1933

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) Rella Cozear, Coroner
(Address) Fairington, 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.

JUL 22 1933

22

