

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

Do not use this space.

1. PLACE OF DEATH

95 County St. Genevieve
Township Blawan
City (No.) St. Ward

Registration District No. 780
Primary Registration District No. 6627

File No. **24240**
Registered No.

2. FULL NAME Theresia Hurst

(a) Residence, No. 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>female</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>Charles Hurst</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20 1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>St. Genevieve Co Missouri</u>		
MOTHER FATHER	13. NAME <u>Bernard Kist</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Victoria Pitzgen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Charles Hurst</u> (ADDRESS) <u>Missouri Ave. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves and Mausoleum</u> DATE <u>July 5 1933</u>		
19. UNDERTAKER <u>Dr. C. Baker</u> (ADDRESS) <u>St. Genevieve Mo</u>		
20. FILED <u>7/4 - 1933</u> <u>White Thomas</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2 1930 to July 3rd 1933
I last saw her alive on July 2nd 1930 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Chronic Myocarditis
Date of onset 1930

Other contributory causes of importance:
Chronic Myocarditis 1930

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Arthur E. Sawyer, M. D.
(Address) St. Genevieve 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.

AUG 26 1933

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