

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

Do not use this space
40579

JAN 26 1934

54 PLACE OF DEATH
6 County Wajayette
6 Township Wilmington
42 City Wilmington (No. _____) St. _____ Ward _____
2. FULL NAME William Eugene 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.

File No. 113
Registered No. _____

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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21-1871</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>8</u>
		DAYS
		<u>05</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shipping Station</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Prop.</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>Jackson Mo</u>		
13. NAME <u>Wiley Hurst</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		
15. MAIDEN NAME <u>Liza Rider</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Geo Hurst</u> (ADDRESS) <u>Nansas City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Wilmington Mo</u>	<u>Dec 28</u>	<u>1933</u>
19. UNDERTAKER (ADDRESS) <u>Wm H. Meert 710</u>		
20. FILED <u>Dec 26</u> 19 <u>33</u> <u>Ray B. Bates</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1933 to Dec 26 1933
I last saw him alive on Dec 26 1933 Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Liver
Date of onset _____

Other contributory causes of importance:
Creeping Echinococcosis 4 cm

Name of operation _____ Date of _____
What test confirmed diagnosis? They 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? _____
If so, specify _____
(Signed) W. H. Meert, M. D.
(Address) Wilmington Mo

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.

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