

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

Do not use this space.

**1. PLACE OF DEATH**

County Chariton Registration District No. 175  
Township \_\_\_\_\_ Primary Registration District No. 4104  
City Salisbury (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 8225  
Registered No. 13

**2. FULL NAME**

James Madison Hurt  
(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 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Letha Hurt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-14-1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
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>retired</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)  
Mo

FATHER 13. NAME Minor Hurt

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

MOTHER 15. MAIDEN NAME Emilie unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
unknown

17. INFORMANT (ADDRESS)  
Mrs. Letha Hurt Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury City Cem. DATE 3/13 1934

19. UNDERTAKER (ADDRESS)  
J. J. Kellumaker Bros Salisbury Mo

20. FILED Apr. 6 1934 G. W. Hartman Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-12-1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to March 12, 1934  
I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Complete Heart Block  
Date of onset 3-6-34  
9:30  
9:50  
Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholesterol 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) J. L. Strong, M. D.  
(Address) Salisbury Mo.

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.

25 1934

