

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

Do not use this space.

1. PLACE OF DEATH

County Coledale
Township
City Lebanon (No. , St. Ward)

Registration District No. 420
Primary Registration District No. 4267

File No. 13394
Registered No. _____

2. FULL NAME Minerva Hurd

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 19

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.
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) Wilmington Mo

13. NAME John Harris

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

15. MAIDEN NAME Arnetia Benson

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

17. INFORMANT (ADDRESS) Robt Murray Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Ridge Cem DATE 4-3-37

19. UNDERTAKER (ADDRESS) James Lebanon Mo

20. FILED 57 34 J.A. McCaleb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb 12 1924 to Mar 1 1937

I last saw him alive on Mar 1 1937 Death is said to have occurred on the date stated above, at S.A. m.

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

Influenza + embolism of leg
115
115
Other contributory causes of importance: 115

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic 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? _____ If so, specify _____

(Signed) A. E. B. ..., M. D.

(Address) Lebanon 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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