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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No. 14121
Township Central — Primary Registration District No. 6033-B — Registered No. 102
City [illegible] (No. St Vincent Sanitarium St. ..... Ward)

2. FULL NAME Fay Hulbert
(a) Residence, No. St. Vincent Sanitarium St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) Aug 18 1882
7. AGE YEARS 50 MONTHS 7 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House at Home
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) Keokuk Iowa

FATHER
13. NAME Elisha Hurlbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Christine Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Guynn Rector 1126 Orleans Keokuk Iowa
18. BURIAL, CREMATION, OR REMOVAL
PLACE Keokuk DATE April 8 1934
19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N. Taylor
20. FILED 4-8- 1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Apr 8, 1934
I last saw her alive on Apr 7 1934. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia (aspiration)	
109	
84	
109	

Other contributory causes of importance:
Involutional melancholia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no
(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) Eugene J O'Malley, M. D.
4/9/34 (Address) Missouri Bldg. Wash. Mo.

2-90 [illegible]

[illegible]0781

2-90 [illegible]