

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

Do not use this space.

8836

APR 24 1935

1. PLACE OF DEATH

County Greene Registration District No. 218
 Townshlp _____ Primary Registration District No. 2001
 City Springfield (No. 1125, Prospect) St. _____ Ward _____

File No. 186
 Registered No. 3

2. FULL NAME

Homer F. Hurd
 (a) Residence, No. 1125 Prospect 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ms. Myrtle Hurd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
54 6 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Near Willard Mo.

FATHER
 13. NAME John Hurd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

MOTHER
 15. MAIDEN NAME Lucy Blackburn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT Mr. Homer F. Hurd (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE April 2, 1935

19. UNDERTAKER F. C. Thibodeau (ADDRESS) Springfield Mo.

20. FILED 4-1 1935 Springfield Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. decd March 31, 1935 Death is said to have occurred on the date stated above, at 12:30 pm.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Carcinoma of breast - near left shoulder.
 Other contributory causes of importance:
None
 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? _____ 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) Quayle George Conover, M. D.
 (Address) Springfield Mo.

No Medical attendant

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.

