

JUN 1 8 1935

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

Do not use this space.

15534

1. PLACE OF DEATH

County Barton

Registration District No. 40

Township Lamar

Primary Registration District No. 4024

City Lamar (No.)

St. Ward)

2. FULL NAME James Willard 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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)

May 25-1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4

11

17

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.

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)

Mohall N. Dakota

FATHER

13. NAME Vern Hurst

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

Bancroft Iowa

MOTHER

15. MAIDEN NAME Agatha Ortherg

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

Iowa

17. INFORMANT (ADDRESS) Vern Hurst, Lamar, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dakota Cem. DATE May 3rd, 1935

19. UNDERTAKER

(ADDRESS) C. F. Kessent

20. FILED 5-3-1935 R. J. Ingrath Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1935 to 5-1, 1935

I last saw him alive on 4-30, 1935. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Bronchial pneumonia Date of onset

Other contributory causes of importance:

Measles

Name of operation Date of

What test confirmed diagnosis? 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

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 James A. Atkins, M. D.

(Signed) James A. Atkins, M. D.

(Address) Lamar, 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.

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