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.

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

Do not use this space.

7301

MAR 24 1936

1. PLACE OF DEATH
County Randolph
Township Sugar Creek
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 735
Primary Registration District No. 5970

File No. .....
Registered No. 39

2. FULL NAME Clyde W. Hurt
(a) Residence, No. 3 [illegible] Moberly St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
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) Oct 20 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	3	18	

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. Farmer
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Macon Co.
(STATE OR COUNTRY) Mo.

FATHER
13. NAME Daniel Hurt,
14. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Jennie Adams
16. BIRTHPLACE (CITY OR TOWN) Macon Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Daniel Hurt,
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurt Cem. near Moberly DATE Feb 9th 1936

19. UNDERTAKER Snow Funeral Home
(ADDRESS) Moberly Mo

20. FILED 2/9 1936 Virginia [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 — 36 to Feb 8 — 36
I last saw him alive on Feb 7 — 36. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Left Lobar	2 wks
[redacted]	

Other contributory causes of importance: 10 d

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) L. E. Huber, M. D.
(Address) Moberly, Mo