

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

NOV 20 1936

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

Do not use this space.

36944

1. PLACE OF DEATH

County Cape Girardeau
Township Marion
City Jackson (No. _____)

Registration District No. 124
Primary Registration District No. 5179

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Mary M. Hurd

(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 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 Chas F Hurd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 6 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Kentucky

FATHER
13. NAME Geo W Rayburn

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

MOTHER
15. MAIDEN NAME Thomas

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

17. INFORMANT (ADDRESS) Mrs H. Bongfield - Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE Oct 5 1936

19. UNDERTAKER (ADDRESS) Mrs Combs F & Co Jackson Mo

20. FILED 10-15-36 1936 B. G. Seiber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 3, 1936, to Oct 3, 1936. I last saw him alive on Oct 3, 1936. Death is said to have occurred on the date stated above, at 5 p. m. The principal cause of death and related causes of importance were as follows:

arterio sclerosis 1934
Chronic Bronchitis 1935
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) B. G. Seiber, M. D.
(Address) Jackson 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.

