

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Lawrence*
Township *Beaumont*
City (No. _____) _____

Registration District No. *781*
Primary Registration District No. *6027*

File No. *13283*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *William 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) *unmarried*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elizabeth Eichenlaub*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 1 1849*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 4 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. *Retired 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) *St. Lawrence Co. Massachusetts*

MOTHER FATHER
13. NAME *George Hurst*

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

15. MAIDEN NAME *Margelene Palmer*

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

17. INFORMANT *Emily C. Shroyer*
(ADDRESS) *St. Mary's Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Lawrence Mo* DATE *3/23 1937*

19. UNDERTAKER *Paul P. Besh*
(ADDRESS) *St. Lawrence Mo*

20. FILED *3/22 1937* *John J. Thomme*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 20 1937*
22. I HEREBY CERTIFY That I attended deceased from *Feb 4 1937* to *March 20 1937*
I last saw him alive on *Mar 2 1937* Death is said to have occurred on the date stated above, at *12:10 A.M.*
The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis
Dehydrated
gastroenteritis*
Other contributory causes of importance:
*hypertension
hypertrophy of heart
arteriosclerosis of arteries*

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 _____, 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) _____, M. D.
(Address) _____

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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