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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791 File No. 18314

Township ..... Primary Registration District No. 1003 Registered No. 4890

City ST. LOUIS MO. (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME DORIS JEAN HURST.

(a) Residence, No. 3825 WINDSOR St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 30 - 1936

7. AGE: YEARS 1 MONTHS 3 DAYS 9. If LESS than 1 day, ... hrs. or ..... min.

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) ST. LOUIS MO.

FATHER
13. NAME ROBERT HURST.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS.

MOTHER
15. MAIDEN NAME ANNA MAY MILLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS

17. INFORMANT (ADDRESS) STELLA GRADY 5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park Cem DATE 5-14, 1937

19. UNDERTAKER (ADDRESS) Boyd Bros Und Co 3706 Finney Ave

20. FILED MAY 13 1937 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 9 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937, to May 9, 1937
I last saw her alive on May 9, 1937. Death is said to have occurred on the date stated above, at 4:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4-8-37
Bronchopneumonia	4-24-37

Other contributory causes of importance:

Name of operation none. Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Henry J Ulrich, M. D.
(Address) 5600 Arsenal

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.