

JUL 3 0 1937

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

Do not use this space.

24297

1. PLACE OF DEATH

County Miller 2
Township O Sage 1
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 6
Primary Registration District No. 5760

File No. _____
Registered No. _____

2. FULL NAME

Helen Ruth 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>9-28-1921</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 1924</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>6</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 9 1937, to Apr 15 1937
I last saw him alive on Apr 9 1937 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

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 _____

Date of case: _____

Other contributory causes of importance:
109

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

FATHER 13. NAME Eloy Hurst

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

MOTHER 15. MAIDEN NAME Amable Green

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

17. INFORMANT Fa Th Eloy Hurst
(ADDRESS) Quincy

18. BURIAL, CREMATION, OR REMOVAL PLACE Presbyterian DATE 4-16-1937

19. UNDERTAKER (ADDRESS) H H Street

20. FILED 7-15 1937 J. H. Schreiner Registrar

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) D. H. Kauer, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION ABOUT OCCUPATION NECESSARY. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miller Registration District No. 6
Township Osage Primary Registration District No. 5-7-60
City (No. _____) St. _____ Ward _____

File No. 24297
Registered No. _____

2. FULL NAME Helen Ruth Hunt

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 6 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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 8-17 1927 John E. Shorter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Professionist
cannot give the desired information as Dr. R. K. Korman
Other contributory causes of importance:
due in Magorjune

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? 109 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) D. N. Korman, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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