

SEP 10 1937

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

Do not use this space.

791

29124

1. PLACE OF DEATH

County..... Registration District No. **1008**  
Township..... Primary Registration District No. ....  
City **St. Louis** (No. **4484 Westminister Pl**) St. .... (Ward)

File No. ....  
Registered No. **7757**

2. FULL NAME **Julia G. Hurt**

(a) Residence, No. **4484 Westminister Pl** St. .... **19** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 16 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **July 29 1937** to **Aug 16 1937**  
I first saw him alive on **Aug 9 1937** Death is said to have occurred on the date stated above, at **3:30 p.m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 12th 1846**

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**91 7 4**

**Coronary Sclerosis** Date of onset

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **At Home**

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

**Anterior Sclerosis**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington Kentucky**

Other contributory causes of importance:

13. NAME **John Leland Howard**

**Anterior Sclerosis**

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

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

15. MAIDEN NAME **Cordelia Lincoln**

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.

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

Manner of injury.....  
Nature of injury.....

17. INFORMANT **Fay H. Carton**  
(ADDRESS) **4484 Westminister Pl.**

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify.....  
(Signed) **C. J. Campbell**, M. D.  
(Address) **3956 Grandel St**

18. PLACE OF EXAMINATION BEFORE REMOVAL **Kansas City Mo.** DATE **Aug 17th 1937**

19. UNDERTAKER **Wagoner Undertaking Co**  
(ADDRESS) **3621 Olive Street**

20. FILED **AUG 17 1937** **J. Bredbeck** Registrar.

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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Dr O. W. Chandler  
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