

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

Do not use this space.

OCT 22 1937

34826

1. PLACE OF DEATH

County MONROE
Township SO FORK
City (No. _____) _____

Registration District No. 586
Primary Registration District No. 3784

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

CLARENCE EDWARD HURD

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 23 1937 . 19

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1937, to Sept. 23 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 27, 1884

I last saw him alive on Sept. 23 1937 Death is said to have occurred on the date stated above, at 5:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 53 6 26

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

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. FARMER

ptomaine and heat prostration.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Good person

10. Date deceased last worked at this occupation (month and year) SEPT. 1937 11. Total time (years) spent in this occupation LIFE

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co MO.

Name of operation None Date of _____

13. NAME ROBT. B. HURD

What test confirmed diagnosis? _____ Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co, MO.

15. MAIDEN NAME SARAH SMELSER

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co, MO.

Where did injury occur? None (Specify city or town, county, and State)

17. INFORMANT Mrs. Carrie Peak (ADDRESS) STEINER MO.

Specify whether injury occurred in industry, in home, or in public place. N.O.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE RESANT HILLS DATE 9-24 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Speed & Elmer (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

20. FILED Oct 10 1937 Offie Drake Registrar.

(Signed) Nellis G. Christman M. D. (Address) Paris, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

