

JAN 20 1938

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

Do not use this space.

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45976

1. PLACE OF DEATH
 61 County Macon Registration District No. 533
 7 Township Macon Primary Registration District No. 3027
 4 City Macon (No. _____) St. _____ Ward _____
 2. FULL NAME Etta Saproonia 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Stephen M. Hurst
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1861
 7. AGE YEARS 76 MONTHS 6 DAYS 20 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. Retired house wife
 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) Rockport Ill
 MOTHER 13. NAME Robert Pelite
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 15. MAIDEN NAME Susan McCall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 17. INFORMANT Mr. Ingo Downey
 (ADDRESS) Macon, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cedarwood Cem. DATE 12-9-1937
 19. UNDERTAKER Stephen Gooding
 (ADDRESS) Macon, Mo.
 20. FILED 118 1938 Etta Saproonia Hurst
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1937
 22. I HEREBY CERTIFY That I attended deceased from Nov 30 1937 to Dec 7 1937
 I last saw her alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Influenza, bronchitis, pneumonia
 Date of onset 11-9-37
 Other contributory causes of importance:
Cardio vascular renal disease
 Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) J. P. Downey M. D.
 (Address) Macon Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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