REC'D MAR 24 1938

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

8287
Do not use this space.

1. PLACE OF DEATH
(a) County Schuyler — Registration District No. 806
(b) Township Prarie — Primary Registration District No. 4485 — Registered No.
(c) City QueenCity Mo, (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar A. Hurd 630
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cerelia Hurd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11th, 1853
7. AGE: YEARS 84 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret, Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life Work

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Prarie Wis,

FATHER
13. NAME William K. Hurd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER
15. MAIDEN NAME Jane L. May
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

17. INFORMANT (ADDRESS): Cerelia Hurd, Queencity Mo,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Queencity Cem, DATE Feb 8th 1938
19. FUNERAL DIRECTOR (ADDRESS): Wm, N. West, Queencity Mo,
20. FILED 2/7 1938 Olive B. Jones, Deputy, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6" 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1938, to Feb 6, 1938
I last saw him alive on Feb 6", 1938. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostate Gland with retention of urine	

Other contributory causes of importance: 137

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) J O Coffey, M. D.
(Address) Queen City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Wm H West, Licensed Embalmer No. 2852

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wm H West

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)