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OCT 28 1938

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

Do not use this space.

26505

1. PLACE OF DEATH

County Hempden
Township Windsor
City Calhoun (No.)

Registration District No. 349
Primary Registration District No. 4307

File No.
Registered No. 24 St. Ward)

2. FULL NAME

William J 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 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Bell Hurst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5/1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
75 7 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa

10. NAME OF FATHER Hurst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mr Bell Hurst (Address) Calhoun

15. FILED 9/30 1938 Mrs. A. D. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1938

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 15, 1938. That I last saw him alive on Aug 15, 1938, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A (duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (SECONDARY) (duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? DATE OF ... WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. C. Paula, M. D. , 19 (Address) Calhoun, MD

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL Aug 19 1938

20. UNDERTAKER J. A. Housey ADDRESS Calhoun, 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.

