

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

Do not use this space.

17769 a

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1. PLACE OF DEATH
 County Henry Registration District No. 349
 Township Calhoun Primary Registration District No. 4307
 City Calhoun (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 26
 St. _____ Ward _____

2. FULL NAME Sadie May Hurd
 (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. 2 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Hurd
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/13-1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 8 9

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1931
 17. I HEREBY CERTIFY, That I attended deceased from May 21 1931 to May 22 1931
 that I last saw her alive on May 22, 1931, and that death occurred, on the date stated above, at 4:02 P.M.

THE CAUSE OF DEATH, WAS AS FOLLOWS:
Bronchial Pneumonia
10/13

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

CONTRIBUTORY (SECONDARY) 10/13
 (duration) yrs. _____ mos. 8 ds.

9. BIRTHPLACE (CITY OR TOWN) Mount Pleasant
 (STATE OR COUNTRY) Mo.

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

10. NAME OF FATHER Jake Mentzer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stover
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Nora Purd
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stover
 (STATE OR COUNTRY) Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J.A. Blackmore M. D.
5-23, 1931 (Address) Windsor, Mo.

14. INFORMANT Jake Mentzer
 (Address) Makeone Mo.

*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.

15. FILED Aug 5 19 31 Mrs. D. G. Gray
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL May 25 1931
 20. UNDERTAKER Joe Houser 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.

SEP 22 1931

