

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

Do not use this space.

40740

1. PLACE OF DEATH

County Henry
Township Liberty
City Calhoun

Registration District No. 379
Primary Registration District No. 4207

File No.
Registered No. 33

2. FULL NAME

Isabelle Germain Murphy 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 66 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. T. Hurst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
81 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeping
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Logansport Ind.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dunk
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Celia Francis Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dunk
(STATE OR COUNTRY)

14. INFORMANT Mrs. C. L. Hill
(Address) Calhoun Missouri

15. FILED 12/6/31 Mrs. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931, to Dec 5 1931 (that I last saw him alive on Dec 5 1931, and that death occurred, on the date stated above, at 6:30 P. M.)

THE CAUSE OF DEATH WAS AS FOLLOWS:

General Paralysis
92A
82B (duration) yrs. mos. da. 11

CONTRIBUTORY (SECONDARY) Endocarditis Chronic
(duration) yrs. mos. da. 6

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

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. A. Beard M. D.
(Address) Calhoun 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL Dec 6 1931

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.

DEPARTMENT RECORD

1931

