

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

Do not use this space.

42732

1. PLACE OF DEATH ¹⁹³⁵ JAN 2 1935

County HENRY
Township _____
City Deep Water (No. _____) St. _____ Ward _____

Registration District No. 357
Primary Registration District No. 4208

File No. _____
Registered No. 28

2. FULL NAME John W 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 10

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. coal mine operator
10. Date deceased last worked at this occupation (month and year) Oct 19 1934 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) York, Pa. (STATE OR COUNTRY) Pennsylvania

MOTHER FATHER
13. NAME John Hurst

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ann Lullaba

16. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

17. INFORMANT Tom Hurst (ADDRESS) Deep Water, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE H. C. Cline DATE 12-13-1934

19. UNDERTAKER Tom Hurst (ADDRESS) Deep Water, MO

20. FILED 1-10-1935 J. J. Russell Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934, to Dec 13, 1934.
I last saw him alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 5:40 am.

The principal cause of death and related causes of importance were as follows:

Pneumonia sequela of Injury and shock caused by auto accident Date of onset _____

Other contributory causes of importance: _____

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____

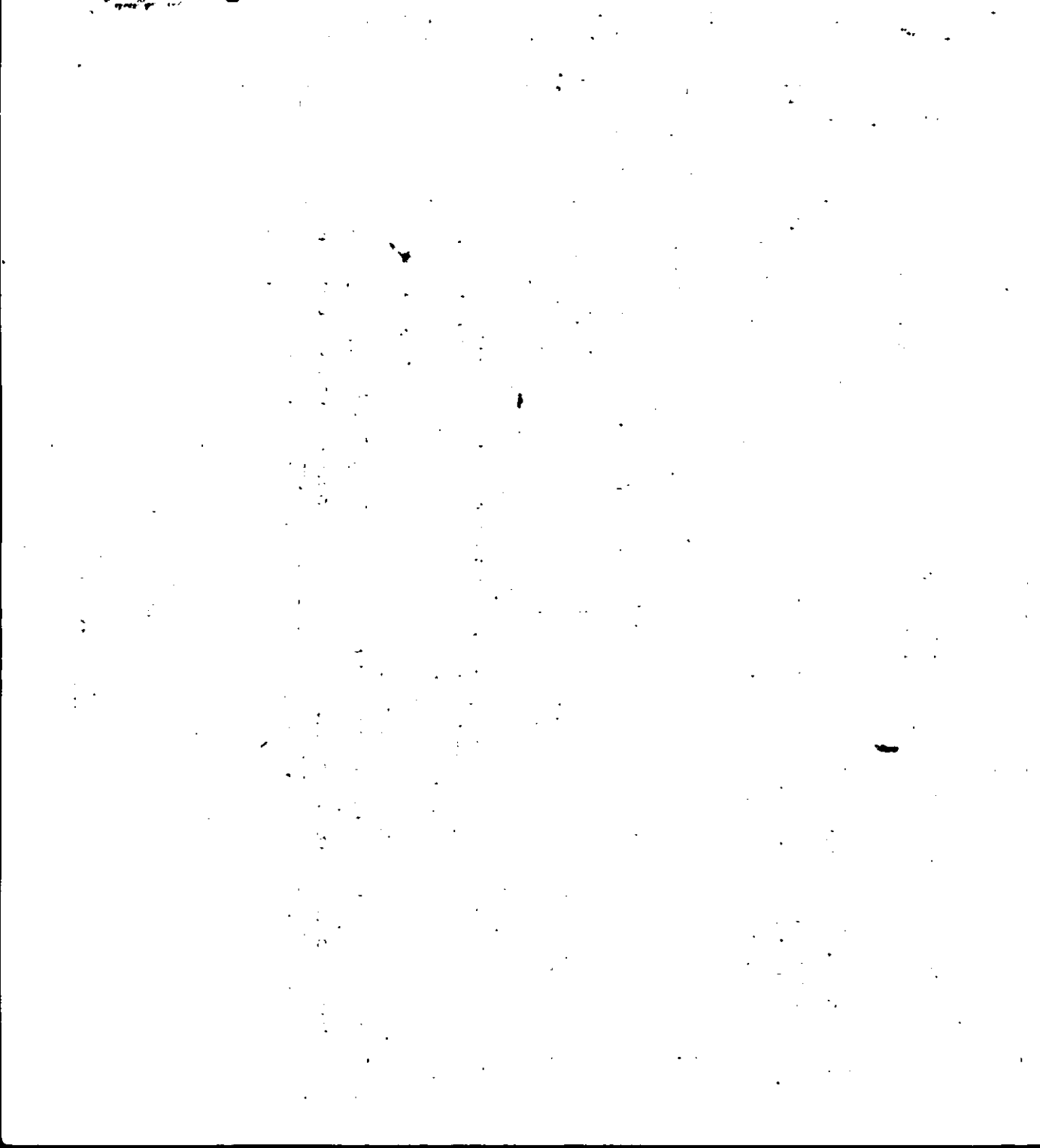
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. J. Russell, M. D.
(Address) Deep Water

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.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

42732

File No. _____
Registered No. 28 St. _____ Ward _____

1. PLACE OF DEATH

County Henry
Township _____
City _____ (No. _____)

Registration District No. 351
Primary Registration District No. 4208

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ or _____

The principal cause of death and related causes of importance were as follows:

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.
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pneumonia - sequel of injury & shock to head, abdomen, while driving auto. Mr. Charles Henry Co. m. collision, avoided street crossing and struck with part
Other contributory causes of importance: _____

13. NAME

Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

15. MAIDEN NAME

Where did injury occur? Clinton Mo (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place. street

17. INFORMANT (ADDRESS)

Manner of injury _____ Nature of injury shock

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased? _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

If so, specify _____ (Signed) J. J. Russell, M. D. (Address) Clinton Mo

20. FILED 1372-14 1934 J. J. Russell Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 29 1935

MAR 26 1935

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