

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

FEB 25 1935

1045

**1. PLACE OF DEATH**

County Henry

Registration District No. 349

Township Central

Primary Registration District No. 2-499

City Clinton

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** Minnie May Hurston

(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. \_\_\_\_\_

da. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas J. Hurston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1892-7-5</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton, Henry Co.</u>		
MOTHER FATHER	13. NAME <u>Daniel E. Price</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>None known</u>	
	15. MAIDEN NAME <u>Sarah R. Stolling</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Kathleen Hurston, Clinton, Mo., R. 73.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>1/6</u> <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Spore Son</u>		
20. FILED <u>1-5</u> 19 <u>35</u> <u>Mo. A. A. Gray</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3<sup>rd</sup> 1935

22. I HEREBY CERTIFY That I attended deceased from 6:15 p.m. 1934, to 6:50 p.m. 1935. I last saw h. alive on Jan. 3<sup>rd</sup> 1935. Death is said to have occurred on the date stated above, at 6:50 p.m. The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Just before death  
74

Date of onset Jan 3, 1935

Other contributory causes of importance:  
Verminous Angina  
1 year duration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935  
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? No  
If so, specify None  
(Signed) D. J. Carroll, M. D.  
(Address) Clinton, Mo.

