

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

Do not use this space.

2880

1. PLACE OF DEATH

County..... Henry Registration District No. 14
 Township..... Primary Registration District No. 4211
 City..... Windsor (No. St. Ward)

2. FULL NAME Mrs. Harriet B. Hurt 630

(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 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 Thomas Hurt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... Huntsville |
 (STATE OR COUNTRY) Alabama

FATHER
 13. NAME James Allan Boyd |

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

MOTHER
 15. MAIDEN NAME Mary D. Forsey

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

17. INFORMANT J. W. Boyd
 (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor, Mo. DATE Jan. 5, 1938

19. UNDERTAKER Huston-Turner
 (ADDRESS) Windsor, Mo.

20. FILED Jan 5, 1938 R. J. Jennings Registrar
317 (Address) Windsor, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Jan 4, 1938
 I last saw h. or alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 5:45 a m
 The principal cause of death and related causes of importance were as follows:

Infection of Left Femur Date of onset 12-16-37

Other contributory causes of importance: 1860
18

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....., 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? No
 If so, specify.....

(Signed) J. A. Blackmore, M. D.
Windsor, Mo.

194B

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

occ.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2880

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 4211 Registered No.
(c) City Windsor (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Harriet B. Hurt

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar 12 1938 J. A. Blackmore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1938

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

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

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

7 fracture of left femur
leg and fractured Dec 15 1937
and died from embolism
and embolism on
Jan 4 1938. Simple fracture
of right femur in hospital
Date of onset

Name of operation 1860 Date of 12

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. A. Blackmore, M. D.
(Address) Windsor

1938
5-2880