

REC'D NOV 27 1938

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

Do not use this space.

35802

1. PLACE OF DEATH
 42 County HENRY Registration District No. 351
 Township 5 Primary Registration District No. 5492
 City Deepwater (No. 4204) St. _____ (Ward) _____
 2. FULL NAME William A. 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 26
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leban
 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 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1938, to 10-6, 1938
 I last saw him alive on 10-6, 1938 Death is said to have occurred on the date stated above, at 4A m.
 The principal cause of death and related causes of importance were as follows:
Flu with Leban pneumonia
 Date of onset _____
 Other contributory causes of importance: 11A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME Joseph William Hurst
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 15. MAIDEN NAME Elizabeth Lanellin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 17. INFORMANT Mrs. Harry Sanders
 (ADDRESS) Deepwater, Missouri
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deepwater Cemetery 10-8
 19. UNDERTAKER Tom Hurst
 (ADDRESS) Deepwater, Missouri
 20. FILED 11-10, 1938
 Registrar J. J. Russell

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 22. 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) Deepwater, Mo

Case of Death in plain terms, so that it may be properly classified. Exact statement of Cause of Death is very important.

RECEIVED

District 'Health' Officer No.

District File Number 7-38-46

Date Filed 11-14-34

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

35-802
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 35-1
(b) Township Primary Registration District No. 4208 Registered No. 11
(c) City Deepwater (d) Street No.
(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 William A Hurst

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-11-1863

7. AGE YEARS 75 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED 16-5 1938 J. J. Russell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1938

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

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) Deepwater Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

SUPPLEMENTARY

