

1939 MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH *Bonville, Mo.*

27 County *Monroe* Registration District No. *218*

2 Township *Bonville* Primary Registration District No. *3015*

2 City *Bonville* (No. *St. Joseph Hospital*)

2 Full Name *Mrs. Mary Lee Hurst*

(a) Residence, No. *623* St. *Tipton Mo.* Ward. *Tipton Mo.*

(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.

File No. *6318*

Registered No. *22*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *WIDOW*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April - 23 - 1873*

7. AGE YEARS *65* MONTHS *9* DAYS *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

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) (STATE OR COUNTRY) *Tipton Mo.*

13. NAME *Charles T. Gilbert*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tipton Mo.*

15. MAIDEN NAME *Mary Lee Ogden*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cal. Ill.*

17. INFORMANT *Miss Pink Thorp* (ADDRESS) *Versailles Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Tipton Mo.* DATE *Feb 18 1939*

19. UNDERTAKER *J. J. Kutenkuley* (ADDRESS) *Tipton Mo.*

20. FILED *Feb 16 1939* Registrar. *197*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 16 1939*

22. I HEREBY CERTIFY, That I, attended deceased from *Aug 13 1936* to *Feb 16 1939*

I last saw h. *E. R.* alive on *Feb 16 1939* Death is said to have occurred on the date stated above, at *2:30 p. m.*

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

Uremia

Date of onset *2/11/39*

Other contributory causes of importance:

Diabetes mellitus
Nephritis, chronic glomerular
arterial hypertension

Name of operation *None* Date of *None*

What test confirmed diagnosis? *Clinical lab.* 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) *M. D.* (Address) *Bonville Mo.*

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3/6/39