

1932 24 1932

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

Do not use this space.

1839

1. PLACE OF DEATH

County Monticure  
Township Millersfork  
City Waplesburg (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 575  
Primary Registration District No. 4339

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Sylvester White Hurst

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mary Lee Hurst</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 - 1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>retired Druggist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pres. F. Bank</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 12/15/31</u>	
	11. Total time (years) spent in this occupation <u>26</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington County, Ohio</u>		
FATHER	13. NAME <u>Joseph Hurst</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Alpha Barton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mary Lee Hurst</u> <u>Waplesburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>California</u> MO. DATE <u>Jan 11</u> 1932		
19. UNDERTAKER (ADDRESS) <u>Louis P. Imhoff</u> <u>Waplesburg, Mo.</u>		
20. FILED <u>1/11</u> 1932 <u>Mrs Sarah Frye</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9<sup>th</sup> 1932

22. I HEREBY CERTIFY, that I attended deceased from Feb 12 1931, to Jan 9 1932  
I last saw him alive on Jan 9 1932. Death is said to have occurred on the date stated above, at 11:5 A.M.  
The principal cause of death and related causes of importance were as follows:

Efficiency of Mitral valve  
59  
72 A  
Other contributory causes of importance:  
Dr. J. L. McElis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Pharynx 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?  
If so, specify \_\_\_\_\_  
(Signed) S. J. Richardson, M. D.  
(Address) Waplesburg, Mo.

