

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

Do not use this space.

1262

**1. PLACE OF DEATH**

County Harrison Registration District No. 347  
Township Bethlehem Secondary Registration District No. 5489A  
City \_\_\_\_\_ (No. 470) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

S. C. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 2 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer S. C. Hurst

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

10. NAME OF FATHER Camell Hurst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Sallie Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Jan Hurst  
(Address) Clinton Mo

15. FILED Jan 10 29 Dr. E. C. Peeler  
REGISTRAR per J.S.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1929

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 8, 1929, that I last saw him alive on Jan 8, 1929, and that death occurred, on the date stated above, at 10 P.

17. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pharyngeal Neurons  
Left Side  
11A  
108

CONTRIBUTORY (SECONDARY) Sliv (duration) 11A

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Dummit A. Payne, M.D.  
1/9, 1929 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethlehem DATE OF BURIAL Jan 10 29

20. UNDERTAKER James W. McKeown & Co  
ADDRESS \_\_\_\_\_

WRITE FULLY, 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. 1929 42 0 0

