

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

Do not use this space.

14271

1. PLACE OF DEATH

89 County RAY Registration District No. 744
 6 Township RICHMOND Primary Registration District No. 3035
 4 City RICHMOND (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 31

2. FULL NAME

May C. Hurval
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>French Hurval</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>10</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Ray ex. Mo</u>		
FATHER	13. NAME <u>Patrick H. Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Susan James</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mr. O. R. Hansen</u> (ADDRESS) <u>Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo</u> DATE <u>4/4/33</u>		
19. UNDERTAKER <u>C. M. Jones</u> (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>5-9</u> , 19 <u>33</u> <u>E. E. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. May 3, 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to Apr 2, 1933
 I last saw her alive on Apr 2, 1933 Death is said to have occurred on the date stated above, at 6:20 AM
 The principal cause of death and related causes of importance were as follows:
Valvular heart lesions Date of onset _____
 Other contributory causes of importance _____
 Name of operation none Date of _____
 What test confirmed diagnosis? none 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? No
 If so, specify _____
 (Signed) L. D. Greene, M. D.
 (Address) Richmond Mo

WRITE PLAINLY 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.

MAY 24 1933

