

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.

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

Do not use this space.

76

1. PLACE OF DEATH

County Barry
Township Barry
City Purdy (No.)

Registration District No. 31
Primary Registration District No. 4022

File No.
Registered No. 7
St. Ward)

2. FULL NAME Mary Ann Hurley

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John K. Hurley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13 1942

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 | 0 | 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Mac Combs

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mac Hurley
(Address) Purdy

15. FILED 2-10-31 Mattie Blankenship
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1931, to Jan 20th, 1931 that I last saw him alive on Jan 15th, 1931, and that death occurred, on the date stated above, at 7:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
IIA
107A
(duration) yrs. mos. 4 ds.
CONTRIBUTORY Influenza
(SECONDARY)
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 0
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. B. Kelly, M. D.
, 19 (Address) Purdy 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 New Church DATE OF BURIAL 1-22 1931

20. UNDERTAKER Blankenship ADDRESS Purdy

