

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

Do not use this space.

1629

1. PLACE OF DEATH

County Jackson  
Township Kear  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. 220  
Registered No. 220  
St. Ward

2. FULL NAME

Miss Nellie Hurst

(a) Residence. No. 6401 Baltimore St., 16 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) Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-1-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home  
(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) Lawa

10. NAME OF FATHER

S. J. Hurst

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER

Margaret Farrar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

14.

INFORMANT

(Address) S. J. Hurst

16401 Baltimore

15.

FILED

1-14-1929

M. M. Howe

asst REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 / 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928, to 1-15-1929, that I last saw him alive on 1-15-1929, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinomatous from  
Carcinoma of ovary  
49A  
53E  
CONTRIBUTORY (SECONDARY) 46  
(duration) 1 yrs. 2 mos. ds.  
(duration) 46 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH: DATE OF yes 12/29/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) A. J. Phelps, M. D.

1/16, 19 29 (Address) P 35 Quaker

\*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

DATE OF BURIAL

Forest Hills Cemetery 1/17 1929

20. UNDERTAKER

ADDRESS

Stine & McClure, C. Killham  
3235

WHITE 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.

Dr. G. J. Welch  
835 Rialto