

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

Do not use this space.

37090

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St Marys Hospital)

File No. _____
Registered No. 4557
St. _____ Ward _____

2. FULL NAME

Mrs Margurite Heurte
(a) Residence. No. 1310 E 36th St., 13 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>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Venolia Hurte</u>		
7. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Febr 19 - 1882</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>8</u>	DAY <u>14</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home

(b) General nature of industry, business, or establishment in which employed (or employer). mother

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Vermon County Rich hill Mo.

10. NAME OF FATHER Edward Herron

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

12. MAIDEN NAME OF MOTHER Bridget Stanton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) County Cash Ireland.

14. INFORMANT W. H. Naylor
(Address) 5504 Jackson

15. FILED 11/5 1929 M. C. M. Crowe
REGISTRAR ast

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/3 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental Automobile
fracture - R.L. mo.
210 AM (duration) yrs. mos. ds.

CONTRIBUTORY Run over by car
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1929

IF NOT A PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

200

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? history & Inspection
(Signed) Thurley M. Hall, M. D.
13 . 1929 (Address) Deputy coroner

*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 Forest Hill DATE OF BURIAL Nov 6, 1929

20. UNDERTAKER Clyde Funeral Home ADDRESS 1800 Lenwood

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.

PARENTS

