

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

Do not use this space.

1417

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 10
(No. St. Joseph Hospital)

File No. _____
Registered No. 1417
St. _____ Ward _____

2. FULL NAME

Wm Kort
(a) Residence No. 1419 Holmead St. 2 Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Gussie Kort

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	63	8	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Taylor
(b) General nature of industry, business, or establishment in which employed (or employer) Cleaning & Pressing
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER Abraham Isaac Kort

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT

Wm Kort
(Address) 4134 Millbrook Blvd

15. FILED

28 30 M. M. Crocker
19 30 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to Jan 27, 1930 that I last saw him alive on Jan 27, 1930, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premia carcinoma
T. bladder
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

W. Brown
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Wm. H. Hume, M. D.

1-27-1930 (Address) 306 Lathrop Bldg.

*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

St. Carmel

DATE OF BURIAL

1-28-1930

20. UNDERTAKER

J. P. Louis

ADDRESS

Kansas City, Mo

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.

92
23

