

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

Do not use this space.

12660

1. PLACE OF DEATH

County Jackson
Township Kean
City Kansas City (No. Kansas City Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1587 St. _____ Ward _____

2. FULL NAME

Shirley May Hurst

(a) Residence. No. 3703 Monroe St. 16 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) May 20 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>10</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(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) Kansas

10. NAME OF FATHER Lloyd Hurst

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

12. MAIDEN NAME OF MOTHER Fern Carrett

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

14. INFORMANT Reva Clark
(Address) Kansas City Gen Hosp.

15. FILED 4/10 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-9 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-24 1930 to 4-9 1930
that I last saw her alive on 4-9 1930 and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
Primary
1929
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100%
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Gen Franch
(Signed) P. W. Williams M. D.

4-10 1930 (Address) Surst KC Gen. Hosp

*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 Beller Neb. DATE OF BURIAL 4/10 1930

20. UNDERTAKER J. J. Hart ADDRESS 1916 East 15.

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.

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