

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

Do not use this space.

26814

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 3419
St. 3rd Ward

2. FULL NAME

Josephine Hurwitt

(a) Residence, No. 431 West 59th St. 8th Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Hurwitt

17. I HEREBY CERTIFY, That I attended deceased from 7-16 1930, to 8/17 1930, that I last saw her alive on 8/17/30, 1930, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2 1892

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 38 4 15

Acute peritonitis
obscure

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

CONTRIBUTORY (SECONDARY) Myomata Uteri
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Wolf Konaleky

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7/18/30

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Russia

WAS THERE AN AUTOPSY? Yes

12. MAIDEN NAME OF MOTHER Bertha Duber

WHAT TEST CONFIRMED DIAGNOSIS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Russia

(Signed) J. Montgomery M. D.

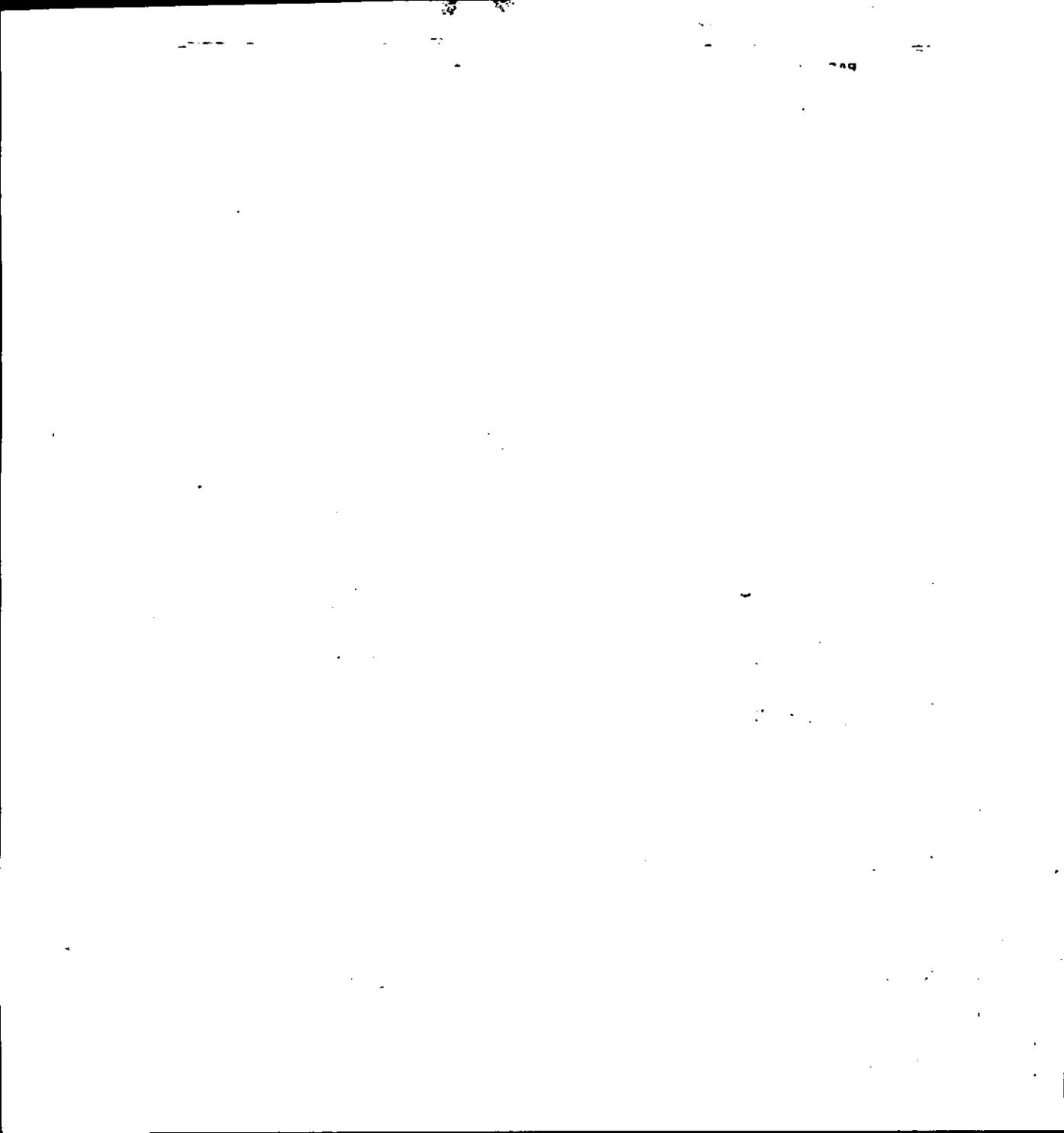
14. INFORMANT Frank Hurwitt
(Address) 431 W. 59th

8/18, 1930 (Address) 4330 Profess. Bldg.

15. FILED 8/18 30 M. M. Crowe
REGISTRAR

19. PLACE OF BURIAL, CREATION, OR REMOVAL Rosehill Cemetery DATE OF BURIAL Aug 18 1930

20. UNDERTAKER Julian K. Davidson ADDRESS Kansas City Mo



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County.....
Township.....
City X. City (No.....)

Registration District No. 399
Primary Registration District No. 1002

File No.....
Registered No. 3419
St..... Ward.....

2. FULL NAME

Josephine Hurwitz

(a) Residence. No..... St.,..... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT.....
(Address)

15. FILED 8/18, 19 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 19 30

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... also on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
Flu

CONTRIBUTORY (SECONDARY) Myomata uteri
not malignant

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN EPIDEMIC PRECEDE DEATH?..... DATE OF.....

19. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Montgomery, M.D.
, 19 (Address)

*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

20. UNDERTAKER ADDRESS

LAW
LET
FOR CERTIFICATE
REGISTRAR

SUPPLEMENTARY

S-26814