

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

Do not use this space.

39219

1. PLACE OF DEATH  
 County Holt Registration District No. 575  
 Township Madaway Primary Registration District No. 5223  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Henry Kurtz  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 67 yrs. 6 mos. 6 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Anna Kurtz  
 (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 6 6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed same  
 (c) Name of employer self.

9. BIRTHPLACE (CITY OR TOWN) Holt Co.  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Isaac Kurtz

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

12. MAIDEN NAME OF MOTHER Mary Seeman

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

14. INFORMANT Roy Kurtz  
 (Address) Oregon Mo.

15. FILED Dec 18 1930 Edith Lent.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1930, to Dec 17, 1930  
 that I last saw him alive on Dec 17, 1930, and that death occurred, on the date stated above, at 9:05 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral insufficiency  
92 A  
92 A  
 (duration) yrs. 1 mos. 19 ds.  
 CONTRIBUTORY (SECONDARY) Angina pectoris  
 (duration) yrs. 1 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS none  
 (Signed) C. F. Murray, M. D.  
Dec 18, 1930 (Address) Oregon Mo

\*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 Oregon Cemetery DATE OF BURIAL Dec 19 1930

20. UNDER-TAKER Leatas City John ADDRESS Oregon 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.

Jan 19 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

