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

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.

AUG 21 1934

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

Do not use this space.

24745

File No. .....

Registered No. 5.3440

1. PLACE OF DEATH

County JACKSON Registration District No. 039

Township KAW Primary Registration District No. 0 0 0 2

City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. ..... Ward)

2. FULL NAME LEE BENJAMIN HURST

(a) Residence, No. 3237 BROOKLYN St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

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) JAN. 15 1917

7. AGE: YEARS 17 MONTHS 6 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SENIOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CENTRAL HIGH SCHOOL

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME MURL K. HURST

14. BIRTHPLACE (CITY OR TOWN) OREGON (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME SARAH KERNSICK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

17. INFORMANT MR. MURL K. HURST (ADDRESS) 3237 BROOKLYN

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JULY 25, 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 7-23-1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1934, to July 23rd, 1934

I last saw him alive on July 23rd, 1934. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Perforated gangrenous appendicitis

Date of onset

Other contributory causes of importance:

Post operative General peritonitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. A. Bowman, M. D.

(Address) 652 Board of Trade Bldg.