MAY 24 1935

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

Do not use this space.

12792

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township ~~Kaw~~ — Primary Registration District No. 1002 — File No.

City Kansas City (No. 609 East 64th Terrace St. 1488 Ward) — Registered No.

2. FULL NAME Harry Hust

(a) Residence, No. 609 East 64th Terrace 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	7	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Business

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER

13. NAME John H. Hust

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Carolyn Dickson

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

17. INFORMANT Hurley G. Hust
(ADDRESS) Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fayetteville, Ark. DATE 4-8-35, 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 42nd St. & Baltimore, Ave

20. FILED 4-7, 1935 M. M. Crowe asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Apr 10, 1935

I last saw him alive on Mar 10, 1935. Death is said to have occurred on the date stated above, at ...m.

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

	Date of onset
Carcinoma of Prostate	
Multiple Metastases	
in Spine bones	6 mo.

Other contributory causes of importance:

General asthenia	3 mos.
Has been under the care of Dr. Charles Holbrook with Dr. Lane seen two frequently.	

Name of operation ... Date of

What test confirmed diagnosis? Clinical 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? No.

If so, specify

(Signed) Lindsay S. Milne, M. D.

(Address) 132 Wornall Bldg.

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.

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

Dr. [illegible]
1001 [illegible], 56