MAY 24 1935

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

Do not use this space.

File No. 12954

Registered No. 1656

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: 399

Township: K — Primary Registration District No.: 1002

City: Kansas City (No. St. Luke's Hosp. St. Ward)

**2. FULL NAME:** Mr Congreve Hurt

(a) Residence, No. St., Ward. Columbus, Kans.
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maud Venny Hurt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22 - 18

7. AGE: Years 66 | Months 3 | Days 25 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Powder Co.

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): Glasgow Mo.

FATHER

13. NAME: Congreve Hurt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Mo.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Agnes Hurt Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbus Kans. DATE: April 17 1935

19. UNDERTAKER (ADDRESS): Wm Simon Sons 3811 Broadway

20. FILED: 4-17 1935 M. M. Connersmith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to April 17, 1935

I last saw h. alive on April 17, 1935. Death is said to have occurred on the date stated above, at 7 a.m.

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

| | Date of onset |
|---|---|
| Advanced Chronic Interstitial Nephritis - Hypertension - Hypertrophy & Dilatation of the Heart - Uremia | Unknown |
| Other contributory causes of importance: | |
| Broncho-pneumonia: Carcinoma of the Pancreas | Unknown |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

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) [illegible] M. D.

(Address) St. Luke's Hospital KC 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.

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