

JUL 17 1935

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

Do not use this space.

22943

2375

1. PLACE OF DEATH

County Jackson Registration District No. 377
Township Kay Primary Registration District No. 1
City Kansas City (No. Memorah Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Rose May Hurley

(a) Residence, No. 436 So. Wheeling 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHN HURLEY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 1885</u>		
7. AGE YEARS 50	MONTHS 1	DAYS 1
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) St. Louis, Mo.

MOTHER FATHER 13. NAME Howard Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME - Reinhard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT John Hurley
(ADDRESS) 436 So Wheeling

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cemetery DATE 7-3-35

19. UNDERTAKER Sheil Funeral Home
(ADDRESS) 6606 Indep. Ave.

20. FILED 7/2 1935 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1925 to July 1 1935
I last saw h. alive on June 30, 1935 Death is said to have occurred on the date stated above, at 2.4 P.M.
The principal cause of death and related causes of importance were as follows:

Cause of death from
7 days of heart failure
with metastasis

Other contributory causes of importance: 50

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? No
If so, specify _____
(Signed) Paul D. Brown, M. D.
(Address) 440 W. 11th St.

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.

