

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

Do not use this space.

SEP 25 1935

26417

**1. PLACE OF DEATH**

County Jackson  
 Township Ray  
 City Kansas City No. St. Joseph Hospital

Registration District No. 300  
 Primary Registration District No. 2002

File No. 3164  
 Registered No. 25502 Ward

**2. FULL NAME** Charles B. Kurtz

(a) Residence, No. 3117 Prospect St., \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 50 yrs. mos. 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct 29, 1843</b>				
7. AGE YEARS <b>91</b>	MONTHS <b>9</b>	DAYS <b>9</b>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Real Estate Dealer</b>			
	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) <b>Germany</b>				
FATHER	13. NAME <b>Joseph Kurtz</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
MOTHER	15. MAIDEN NAME <b>Victoria Noll</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT <b>E. P. Breen</b> (ADDRESS) <b>Parkville Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Washington Cemetery</b> Aug 10, 35				
19. UNDERTAKER <b>Wagner Funeral Home</b> (ADDRESS) <b>204 W. Linwood</b>				
20. FILED <b>8-9</b> 19 <u>35</u> <b>M. M. Carver, assist</b> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1935 to Aug 8 1935  
 I last saw him alive on 8 PM 1935. Death is said to have occurred on the date stated above, at 5:15 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia (bronchial) Date of onset \_\_\_\_\_  
Hypertension  
Arteriosclerosis  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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 Harry L. Jones (Signed) \_\_\_\_\_, M. D.  
 (Address) Argyle Bldg.

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.

