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.

DEC 20 1937

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

Do not use this space.

40202

File No. 4546

Registered No.

1. PLACE OF DEATH

County Jackson J. G. Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City, Missouri (No. St Joseph Hospital St. Ward)

2. FULL NAME Hurt, Mrs. James G. (Marguerite)

(a) Residence, No. 4736 Roanoke Pkwy. 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 James G. Hurt,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22nd, 1878

7. AGE: 35 YEARS 59 MONTHS 5 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) Warrensburg, Mo.

FATHER

13. NAME Wallace Meyers,

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

MOTHER

15. MAIDEN NAME Matilda Cusenberry,

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

17. INFORMANT (ADDRESS) James G. Hurt, 4736 Roanoke Pkwy. City.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Maple Hill DATE Nov. 10th, 1937

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster, Kansas City, Missouri.

20. FILED Nov. 9 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-8-37, 19, to 11-8-37, 19

I last saw her alive on 11-8-37, 19 Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Cancerous Cervix

Exanguination

48

Date of onset

Other contributory causes of importance:

Name of operation Autop 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) Russell W. Kerr, M. D.

(Address) Mo.