

NOV 1 1939
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo (No. Trinity Hospital)File No. 34972Registered No. 3947

St. _____ Ward _____

2. FULL NAME Donald Dean Hurst(a) Residence, No. 20 East 78th Terrace St. _____ Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28, 1938</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>11</u>
		<u>13</u>
	.IF LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home</u>
	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) Missouri 013. NAME J. Altim Hurst 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 015. MAIDEN NAME Gladys Chatfield16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT J. Altim Hurst
(ADDRESS) 20 East 78th Terrace18. BURIAL, CREMATION, OR REMOVAL PLACE Koshkonong, Mo. DATE Oct. 14, 193919. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway20. FILED 10-13, 1939 mmk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 193922. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1939 to Oct 11, 1939I last saw him alive on Oct 11, 1939 Death is saidto have occurred on the date stated above, at 3:48 PM

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

Pertussis -Recurrence of pertussis

Other contributory causes of importance:

BronchitisBroncho-pneumoniaName of operation Bronchoscopy Date of Sept 28What test confirmed diagnosis? autops Was there an autopsy? yes23. 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) Charles J. Eldridge M. D.(Address) 6247 Brookside BlvdDate of onset May 15, 1939Sept 10, 1939Sept 28, 1939

Statement by Licensed Embalmer

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ^{or} by Ralph E. Miller, Registered apprentice No. 164 working under my personal supervision.

Signed Roscoe Kuhl
Licensed Embalmer No. 3738
P.O. Address 3811 B'way - N.E., Mo.