

REC'D JUN 8 1939

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

17619
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2021
(c) City Kansas City (d) Street No. 3510 Monroe St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 4 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

451 Mrs. Zella F. Hurley Colombo
(a) Residence, No. 3510 Monroe St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor F. Colombo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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 Missouri
13. NAME John Henry Hurley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
15. MAIDEN NAME Louise Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
17. INFORMANT (ADDRESS) Thayne Damerson 3510 Monroe
18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE MAY-15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Newcomers Sons Brushcreek P.O. Mo.
20. FILED May 15, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1939
22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 12, 1939
I last saw her alive on May 12, 1939. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Date of onset 5-12-39
Other contributory causes of importance:
Hypertension (at least 2 years from my personal knowledge)
Name of operation None Date of
What test confirmed diagnosis? Chinist 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? No
If so, specify
(Signed) John P. Lewis, M. D.
(Address) 3510 Louisiana

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.

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12-1 2-4

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

George M. Collins

Licensed Embalmer No.....

3839

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.