

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

32270

4251

1. PLACE OF DEATH  
County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township New Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
City Kansas City (No. St. Joseph's Hospital) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
2. FULL NAME Wm. E. Hirschfield  
(a) Residence. No. Altova Pa 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. 21 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |
|--|--|--|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>Wh</u>  | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Grace Hirschfield</u>   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 5, 1874</u>   |  |  |
| 7. AGE   | YEARS<br><u>47</u>   | MONTHS<br><u>3</u>   |
|  | DAYS<br><u>29</u>  | IF LESS than 1 day, _____ hrs. or _____ min.                               |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>Salesman</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>Life Insurance</u><br>(c) Name of employer _____ |  |  |
| 9. BIRTHPLACE (CITY OR TOWN) <u>New York</u><br>(STATE OR COUNTRY) <u>N.Y.</u>   |  |  |
| PARENTS  | 10. NAME OF FATHER <u>Julius J. Hirschfield</u>                                    |  |
|  | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u><br>(STATE OR COUNTRY) _____ |  |
|  | 12. MAIDEN NAME OF MOTHER <u>Mad. J. Klein</u>                                     |  |
|  | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u><br>(STATE OR COUNTRY) _____ |  |
| 14. INFORMANT <u>Thos. J. Lane</u><br>(Address) <u>5 West 61st Street</u>  |  |  |
| 15. FILED <u>12/5</u> 19 <u>21</u> <u>m. m. Crowe</u><br>REGISTRAR   |  |  |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1921

17. I HEREBY CERTIFY That I attended deceased from Nov -  
ember 15, 1921, to Dec 4, 1921  
that I last saw him alive on Dec 3, 1921, and that  
death occurred, on the date stated above, at 2:45 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
131  
I cannot tell how long he was ill I can only say  
he was under my care yrs. mos. 19 da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) A. M. L. M. D.  
74, 1921 (Address) 717 Shubert Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation DATE OF BURIAL Dec 5 1921

20. UNDERTAKER P. W. Hycorn's Sons ADDRESS 2111 69th

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.

RECORD IS A PERMANENT RECORD

