

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

522

1472

**1. PLACE OF DEATH**

County Jackson Registration District No. 339 File No. \_\_\_\_\_  
 Township Ram Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Kansas City, Mo. (No. 2850 Throut Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Morris Liebenheim  
 (a) Residence. No. 2850 Throut Ave 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. 9 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Liebenheim</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 1 - 1884</u>		
7. AGE YEARS <u>98</u>	MONTHS	DAYS <u>28</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Shoemaker</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
PARENTS	10. NAME OF FATHER <u>Benjamin Liebenheim</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
14. INFORMANT <u>Joseph Liebenheim</u> (Address) <u>Pawhuska Okla</u>		
15. FILED <u>3/28, 1922</u> <u>M. M. Crowe</u> <u>Reg</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1922

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1922, to March 27 1922 that I last saw him alive on March 27 1922, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Emasculation of the a long bacterial  
infection, due to red eye  
16 1/2  
16 1/2 R (duration) yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY emasculation  
 (SECONDARY) (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 2850 Throut Ave.  
 IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Polarity  
 (Signed) J. H. Beckman, M. D.  
3/28, 1922 (Address) 12th. v Broadway

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNT 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 <u>Wichita Kansas</u>	DATE OF BURIAL <u>3/30 1922</u>
20. UNDERTAKER <u>John W Wagner</u>	ADDRESS <u>1409 Grand Ave</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

