

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

Do not use this space.

11714

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 599
Primary Registration District No. 16027
(No. Pressich Hospital)

File No. _____
Registered No. 1538
St. _____ Ward _____

2. FULL NAME

Anna Kirovitch

(a) Residence. No. 1426 Holmes St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 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

Morris Kirovitch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House duties
(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) Austria

10. NAME OF FATHER Frank Katz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Sarah L. Hefrishter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT Mike Katz
(Address) 3737 Tracy

15. FILED 4/10-27 M. M. Crowne REGISTRAR
Acst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10- 1927

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1922, to Apr 9, 1927.
that I last saw him alive on Apr 9, 1927, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxic Gastric

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Signs Symptoms

(Signed) R. J. Sloan, M. D.

4/10, 1927 (Address) Nichols 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Shelford 4-11- 1927

20. UNDERTAKER ADDRESS

J. P. Lewis 3408 Woodland

WHITE 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.

4338 Peckhill
We 8355