

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

Do not use this space.

11738

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 2605) Park St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1533

**2. FULL NAME Anna Bernstein**

(a) Residence, No. 2605 Park St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Bernstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 ? ?

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none 131  
 (b) General nature of industry, business, or establishment in which employed (or employer) 1203  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN), \_\_\_\_\_ (STATE OR COUNTRY) Tolland

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN), \_\_\_\_\_ (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), \_\_\_\_\_ (STATE OR COUNTRY) Not Known

14. INFORMANT Louis Bernstein (Address) Wichita Falls Texas

15. FILED 4/12 1927 M.M. Brown REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY, That I attended deceased from Jan 1926, to 4-10-1927, that I last saw h. 12 alive on 4-10-1927, and the death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac renal wasen- lar disease resulting in Nemic coma  
 (duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) General atrophy  
 (duration) many yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (NOT AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory  
 (Signed) Shaw Myers, M. D.

4-12, 1927 (Address) 814 Argyle 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 Elmwood Cem. DATE OF BURIAL 4-12-1927

20. UNDERTAKER J.P. Louis ADDRESS 3400 Woodland av.

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.

