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.

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

Do not use this space. *Classen

33684

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. ~~[illegible]~~
Township Kow — Primary Registration District No. ..... — Registered No. 54 [illegible]
City Kansas City (No. Research Hospital St. ..... Ward)

2. FULL NAME Isaac Dutchman
(a) Residence. No. 1517 E-9th St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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 Hanna Dutchman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk 1867

7. AGE: Years 60 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Grocery Merchant
(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) Russia

PARENTS
10. NAME OF FATHER Wolfe Dutchman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT P. Goodman
(Address) 1517-E-9th

15. FILED 11-23 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1927, to Nov 23, 1927, that I last saw him alive on Nov 23, 1927, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction 122B
Volvulus 69B
(duration) 11 B 1 yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Jaundice
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/22/27
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. C. Classen, M. D
, 19 (Address) 724 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: Sheffield — DATE OF BURIAL: 11-24-1927

20. UNDERTAKER: J. P. Loins — ADDRESS: 3400 Woodland