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

Do not use this space.

36822

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2703 East 22nd St. Ward)

File No. ...
Registered No. ...

2. FULL NAME Celia Herscivich
(a) Residence. No. 2703 East 22nd St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Samuel Herscivich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
49	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home 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) Romania

PARENTS
10. NAME OF FATHER Joseph Markowitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Romania
12. MAIDEN NAME OF MOTHER Esther Rose
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Romania

14. INFORMANT Max Herscivich
(Address) 2703 East 22nd St.

15. FILED 12/8, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-8-1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 Nov 6, 1927, to Dec 7, 1927 that I last saw her alive on Dec 7, 1927, and that death occurred, on the date stated above, at 1:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma oesophagus
46A
4 (duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 20/27
WAS THERE AN AUTOPSY? no Gastrostomy
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Abraham Sophian, M. D.
Dec 8, 1927 (Address) 102 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: St. Joseph Mo. — DATE OF BURIAL: 12-9-1927

20. UNDERTAKER: J. P. Lewis — ADDRESS: City

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.