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

Do not use this space.

17177

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.:
City: K.C. Mo. (No. 1738 Penn. St. Ward)

2. FULL NAME: Russell Rebeck

(a) Residence. No. 1738 Penn. 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-14-1928

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 10 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Kans. City
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Howard Rebeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Nebraska
12. MAIDEN NAME OF MOTHER: Leola Hensley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Harrisonville
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Russell John
(Address): 3205 Broadway

15. FILED: May 15, 1928 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-14-1928

17. I HEREBY CERTIFY, That I attended deceased from 5/14, 1928, to 5/14, 1928, that I last saw alive on 5/14, 1928, and that death occurred, on the date stated above, at 11 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Debility
160 10 %
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical exam.
(Signed) [illegible], M. D.
5/15 1928 (Address) 1808 Walkins Bldg. K.C. Mo.

*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: Highland Park — DATE OF BURIAL: 5-15 1928
20. UNDERTAKER: Mrs. C. A. Forster — 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.

THIS IS A PERMANENT RECORD