

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

Do not use this space.

26479

1. PLACE OF DEATH

County Jackson
Township Wright
City Wright

Registration District No. 85
Primary Registration District No. 1001

File No. 26479
Registered No. 935
(No. State Hosp #2 St. Ward)

2. FULL NAME

Harry Weisberg
(a) Residence. No. State Hosp #2 St. Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1892</u>		
7. AGE <u>36</u>	YEARS <u>36</u>	MONTHS <u>Unknown</u>
	DAYS <u>Unknown</u>	IF LESS than 1 day, <u>hrs.</u> or <u>mins.</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pharmacist

(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)
Mo

10. NAME OF FATHER Harry Weisberg

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Records State Hosp #2
Address State Hosp #2

15. FILED Aug 9 1928
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 9 1928 to Aug 9 1928 that I last saw deceased alive on Aug 8 1928, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumo-pneumonia

10 7 12 1000
(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) (duration) 3 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF Aug 9, 1928

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
(Signed) H. J. [Signature] M. D.
Aug 9, 1928 (Address) State Hosp #2

*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 Kansas City Mo DATE OF BURIAL 8-9-1928

20. UNDERTAKER J. P. Lewis ADDRESS HC Mo.

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.

