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.

27506

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3582
Township Raw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. Research Hosp. St. Ward)

2. FULL NAME Jacob Birenboim
(a) Residence. No. 4225 Bellfontaine St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
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) 8-28-28.
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY) Jackson County

PARENTS
10. NAME OF FATHER Mr. Sol Birenboim
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Sophia Margolas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia

14. INFORMANT Mr. William ~~Birenboim~~ Birenboim
(Address) 4225 Bellefontaine

15. FILED 8/29, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1928, to Aug. 29, 1928 that I last saw him alive on Aug. 28, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
159 Inanition
158
161 A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Premature Birth
(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?
(Signed) Benj. Jacobs M. D
8/29, 1928 (Address) 1120 Rialto 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: 8-29-1928
20. UNDERTAKER: J. P. Lang
ADDRESS: Kans City Mo