

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

Do not use this space.

30462

1. PLACE OF DEATH

County Jackson
Towship Keaw
City Kansas City

Registration District No. 708
Primary Registration District No. 708
City Kansas City Gen Hosp

File No.
Registered No. 5711
St. Ward)

2. FULL NAME

(a) Residence. No. 3610 Park St., 13 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 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 None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 | 8 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(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 P. Rashbaum

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

12. MAIDEN NAME OF MOTHER Goldie Brinson

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

14. INFORMANT Reverend Clerk
(Address) K.C. Gen Hosp.

15. FILED 9/7 2 P M M Erwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-21, 1928, to 9-6, 1928 that I last saw him alive on 9-6, 1928, and that death occurred, on the date stated above, at 7:35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tumor of Brain with hemorrhage into tumor
F.I.D.

CONTRIBUTORY (SECONDARY) No autopsy so unable to say whether malignant or non-malignant
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 findings
P. E. Willoughby, M. D.

9-6, 1928 (Address) Surt 7 C. Gen. Hosp.

*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 9-7-1928

20. UNDERTAKER J. V. Lacin ADDRESS Kans City 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.

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