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

Do not use this space.

30479

File No. 3729

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kan — Primary Registration District No.

City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Morris Chaitman

(a) Residence. No. 3437 Chestnut St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 32 — Months ? — Days ? — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor
(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): Russia

PARENTS

10. NAME OF FATHER: Abraham Chaitman

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

12. MAIDEN NAME OF MOTHER: Rachael Tornath

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

14. INFORMANT: Record Clerk
(Address) Kansas City Gen'l Hosp.

15. FILED 9/9, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8-25-, 1928, to 9-9-, 1928 that I last saw him alive on 9-9-, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain Tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): No autopsy - unable to say as to Malignancy or non malignancy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Williams, M. D.
9-9, 1928 (Address) Supt. K.C. Gen'l 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: [illegible]

DATE OF BURIAL: 9-9-1928

20. UNDERTAKER: [illegible]

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.