

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

Do not use this space.

37047

1697

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4527)

Registration District No. 399
Primary Registration District No. 22

File No.
Registered No.
St. Ward)

2. FULL NAME

Ester (Wentgame) Shalinsky

(a) Residence. No. 4527 Main St. 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. da. How long in U.S., if of foreign birth? 15 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Salomon Wentgame

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 | 8 | 12

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) (STATE OR COUNTRY) Russia

10. NAME OF FATHER Jacob Goldman

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

12. MAIDEN NAME OF MOTHER Sarah Arch

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

14. INFORMANT Leo Wentgame
(Address) 4527 Main

15. FILED 11/22, 1928 m. m. cosine
REGISTRAR cos

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Nov. 21, 1928, that I last saw him alive on Nov. 21, 1928, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Angina Pectoris

(Signature)

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. S. Ginsberg M. D.

11/22, 1928 (Address) 305 Bryant 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 Mt. Carmel DATE OF BURIAL 11-23-1928

20. UNDERTAKER J. P. Lewis ADDRESS Kan City, Mo

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.

