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.

40505

399

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 4115 Chestnut St. ..... Ward)

2. FULL NAME Max Silverstein
(a) Residence. No. 4115 Chestnut 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 17 yrs. mos. ds. How long in U.S., if of foreign birth? 35 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 Anna Silverstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. ~~15~~ 19 1889

7. AGE: Years ~~42~~ 39 — Months 1 — Days ~~18~~ 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Hose
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

PARENTS
10. NAME OF FATHER Herman Silverstein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Ida Silverstein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT Irwin Malvin
(Address) 3930 Benton Blvd

15. FILED 12/3, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-26-28, 1928, to 12-3-1928, that I last saw him alive on Dec 3, 1928, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (acute)
934
(duration) One yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?
DID AN OPERATION PRECEDE DEATH? N.O. DATE OF ——
WAS THERE AN AUTOPSY? N.O.
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam
(Signed) H. M. Dewitt D.O. D.P.
12/3, 1928 (Address) Thos. R. Moore M.D. 227 Wernby

*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: 12-4-1928

20. UNDERTAKER: J. P. Louis — ADDRESS: Kansas City, Mo