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. 40768

5144

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kan — Primary Registration District No. — Registered No.
City Kansas City Mo (No. 1308 Cherry St. Ward)

2. FULL NAME Mrs. Addie Goldflam
(a) Residence. No. 1308 Cherry St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
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 Female
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 Jacob Goldflam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-10-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mr. J. Goldflam
(Address) 1308 Cherry

15. FILED 12/15, 1928 M McCrone Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 14, 1928 that I last saw her alive on Dec 13, 1928, and that death occurred, on the date stated above, at 1-55- A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis capillary,
107B
91A
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Endocarditis, acute
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kansas City Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D
Dec 15, 1928 (Address) 832 Argyle 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 Forest Hill Cem — DATE OF BURIAL Dec 17 1928

20. UNDERTAKER A. P. Doehler — ADDRESS 1415 E 15

Dr Hill - Dr. H.

832 Argyle Bldg