

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.

1733

**1. PLACE OF DEATH**

County Jackson  
 Township Rand  
 City Kansas City (North St. Lukes Hosp)

Registration District No. 399  
 Primary Registration District No. 1002

File No. 1  
 Registered No. 325  
 St. St. Lukes Ward 9

**2. FULL NAME**

Sidney Aronson  
 (a) Residence. No. 415 Woodland Ward 9  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**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 OR (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24, 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 2 28 8

**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) Kansas City  
 (STATE OR COUNTRY) Missouri

**10. NAME OF FATHER**

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

**12. MAIDEN NAME OF MOTHER**

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

**14.**

INFORMANT Max Aronson  
 (Address) 415 Woodland

**15.**

FILED 1-23-29 M. M. Price  
Asst REGISTRAR

**20 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929, to Jan 22, 1929, that I last saw him alive on Jan 22, 1929, and that death occurred, on the date stated above, at 2:00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Purulent meningitis  
109132  
 (duration) yrs. mos. ds. 17  
 CONTRIBUTORY Conjunctivitis  
 (SECONDARY) (duration) yrs. mos. ds. 5

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, No

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 1-23-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) N. A. Breyer M. D.

1-23-29 (Address) 118 Medical Arts

\*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****DATE OF BURIAL**

Sheffield 1-23-1929

**20. UNDERTAKER****ADDRESS**

Y. P. Lucas City

