

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

Do not use this space.

1857

**1. PLACE OF DEATH**

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

Registration District No. 399  
Primary Registration District No. 1002

File No. 450  
Registered No. 450  
St. Mo. Ward 14th

**2. FULL NAME**

(a) Residence. No. 714 Forest St. Mo. Ward 14th  
(Usual place of abode)  
Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U.S., if of foreign birth? 21 yrs. mos. da.

**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 Rebecca Levine

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

7. AGE YEARS 57 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Baker  
(b) General nature of industry, business, or establishment in which employed (or employer) Weintraub  
(c) Name of employer Weintraub

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

10. NAME OF FATHER Label Levine

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

12. MAIDEN NAME OF MOTHER Freda (unknown)

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

14. INFORMANT Rebecca Levine  
(Address) 714 Forest

15. FILED 1-29-29 M.M. Cover REGISTRAR

3

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29, 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 25 1929 to Jan. 29 1929  
that I last saw him alive on Jan. 28 1929, and that death occurred, on the date stated above, at 6: A.M.

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

Acute Broncho-Pneumonia

CONTRIBUTORY (SECONDARY) Influenza & Diabetes  
Diabetes (duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 714 Forest ave

IF NOT AT PLACE OF DEATH... 714 Forest ave  
DID AN OPERATION PRECEDE DEATH? No DATE OF Jan. 29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
Blood Urine Tests  
(Signed) H. J. G. G. G. M. D.  
Dr. A. J. B. B.

\*State the DISEASE CAUSING DEATH, or in death 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 1-30-1929

20. UNDERTAKER J. P. Lewis ADDRESS K 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.

