

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

Do not use this space.

6490

1. PLACE OF DEATH

County Jackson
Township Kane
City Kansas City (No. 2520 Tracy)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 557
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2520 Tracy St. 4 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? 20 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Mendelsohn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>11</u>	<u>17</u>		

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): Russica
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac Lewine

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Reuben Mendelsohn
(Address) 7019 Walnut

15. FILED 2-8-29 1929 m m Emm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to Feb 7, 1929 that I last saw h. alive on Feb 7, 1929 and that death occurred, on the date stated above, at S. A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
(duration) 1 yrs. 7 mos. 7 ds.
CONTRIBUTORY arterio sclerosis
(SECONDARY) (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 74 St
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) H. J. Gerovitz, M. D.

1/7, 1929 (Address) 225 Artye 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 Springfield DATE OF BURIAL 2-8-1929

20. UNDERTAKER J. P. Lewis ADDRESS Kansas 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.

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