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

Do not use this space.

6577

File No. 7182
Registered No. 6577

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 10
City Kansas City (No. St. Joseph Hosp. St. ... Ward)

2. FULL NAME Sadie Ozar

(a) Residence. No. 2448 Forest 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe-	Wh.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simon J. Ozar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 18, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	30	4	25	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work Home Duties
(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

PARENTS

10. NAME OF FATHER Samuel Friedman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Rebecca Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia

14. INFORMANT Simon J. Ozar
(Address) 2448 Forest

15. FILED 7/13, 1929 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1929, to Feb. 13, 1929 that I last saw h. alive on Feb. 13, 1929, and that death occurred, on the date stated above, at 2:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

double pleuro-pneumonia
10 days (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) dilatation of heart (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? Not
IF NOT AT PLACE OF DEATH, at 2448 Forest
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical, X Ray + Exploratory

(Signed) J. J. Roll, M. D.
2/13/1929 (Address) 620 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 Sheffield — DATE OF BURIAL 2-15-29

20. UNDERTAKER L. P. Lewis — ADDRESS Kansas 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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