

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

Do not use this space.

6782 ~~6782~~
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1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Mary's Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 948
St. _____ Ward _____

2. FULL NAME

Rose Roovinsky
(a) Residence No. 24 W. 34th St. 5 Ward.

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? 15 yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham Roovinsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>?</u>	<u>?</u>	

8. OCCUPATION OF DECEASED

(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)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER

Berish Brandis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia

14.

INFORMANT Abraham Roovinsky
(Address) 24 W. 34th St.

15.

FILED 2-26-29 m m Crow
REGISTRAR Cast

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25-29

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1929, to Feb 25, 1929 that I last saw her alive on Feb 25, 1929, and that death occurred, on the date stated above, at 1030 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Decceleration
probably coronary.

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Chronic Appendicitis

Retros version (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? yes - DATE OF 2-11-29

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Max Friedman, M. D.

2/25, 1929 (Address) 1014 Med. Arts 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

2-26-1929

20. UNDERTAKER

J. P. Lewis Keno 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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Fullman
235
23
23
23

