24492

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

Do not use this space.

2385

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3345 Euclid St. Ward)

2. FULL NAME Maurice Block
(a) Residence. No. 3345 Euclid St., 13 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: 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 Katherine Block

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 11, 1856

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Produce Dealer
(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) Missouri

PARENTS
10. NAME OF FATHER Simon Block
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Elizabeth Holway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) France

14. INFORMANT H. W. Block
(Address) 3335 Euclid

15. FILED 7/2, 29 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1929

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1929, to July 2, 1929, that I last saw him alive on July 2, 1929, and that death occurred, on the date stated above, at 4 P.M. p.m.

THE CAUSE OF DEATH* was as follows:
Fibrillating heart following an attack of Acute indigestion
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
7/2, 1929 (Signed) Edwin Crowe, M. D.
(Address) 710 Ruotti

*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~~ Mt. St. Mary's Cem. — DATE OF BURIAL 7-3-1929
20. UNDERTAKER Slice & McClure — ADDRESS 3235 Kielhaus Kansas

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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