

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

Do not use this space.

30958

1. PLACE OF DEATH

County Jackson
Township Kaw
Kansas City (No. 4024)

Registration District No. 399
Primary Registration District No. 1002

File No. 3083
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rebecca Mary Markowitz
(a) Residence, No. 4024 Morell St., _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Joseph Markowitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2nd 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
54 9 NA

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House 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 David Benjamin

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

12. MAIDEN NAME OF MOTHER Rose (Not known)

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

14. INFORMANT Rose Markowitz (Address) 4024 Morell

15. FILED 9/23 29 1929 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22-1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1929, to Sept 22, 1929, that I last saw him live on Sept 20, 1929, and that death occurred, on the date stated above, at 335 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer stomach + gall bladder 46B
46E

CONTRIBUTORY (SECONDARY) 44A (duration) 1 yrs. 6 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 4024 Morell

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X X X

(Signed) John McMiller, M. D. 9/23, 1929 (Address) 3704 Euclid

*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 Cem DATE OF BURIAL 9-23 1929

20. UNDERTAKER G. P. Lewis ADDRESS Kansas City

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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