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

Do not use this space.
34033
4486

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4486
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Research Hosp St. Ward)

2. FULL NAME Mier Horowitz

(a) Residence. No. 3825 Paseo St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tillie Horowitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Joseph Horowitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Esther Luster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

14. INFORMANT Harry Horowitz
(Address) 4805 Krumble Rd.

15. FILED 10/30 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1929 to Oct 29 1929 that I last saw him alive on Oct 29 1929 and that death occurred, on the date stated above, at 1:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute cardiac dilatation
Toxic myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Thyrotoxicosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 29 1929
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Kenneth W. Emard M. D.
Oct 29 1929 (Address) Bryant 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	DATE OF BURIAL
Sheffield	10-30-1929
20. UNDERTAKER	**ADDRESS**
J. P. Lewis	Kansas City

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