

OV 26 129

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

Do not use this space.

37619

1. PLACE OF DEATH  
County Johnson, Registration District No. 4-31  
Township Warrensburg, Primary Registration District No. 3023  
City Warrensburg, (No. ....) St. .... (Ward)

2. FULL NAME Bertha Loebenstein,  
(a) Residence. No. Davenport Hotel St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred all life yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
61 10 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(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) Warrensburg, Mo

10. NAME OF FATHER Bernhard Loebenstein

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

12. MAIDEN NAME OF MOTHER Sarah Aaron

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

14. INFORMANT Dr Sam Loebenstein (Address) Kansas City, Mo.

15. FILED Nov 5 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV, 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Nov. 1, 1926, that I last saw h. e. alive on Nov. 1, 1926, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

was found dead on floor of bedroom

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

(duration) L yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Cholera

(Signed) L. J. Schaefer, M. D.

Nov 5, 1929 (Address) Warrensburg, Mo

\*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 Jewish Cemetery DATE OF BURIAL Nov. 6, 1929

Sedalia, Mo ADDRESS S. R. Sweeney, Warrensburg,

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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PARENTS

