

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kau
City Kansas City (No. 2319 E 30 St)

Registration District No. 399
Primary Registration District No. 8007

File No. 1214
Registered No. 205
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2319 E 30 St. 11 Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? 13 yrs. mos. ds. (If nonresident, give city or town and State)

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 Esther Burnstein

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 — —

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

10. NAME OF FATHER Mortchi Burnstein

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

12. MAIDEN NAME OF MOTHER Sarah Mok

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

14. INFORMANT Sau Bernstein
(Address) 3007 Fairfield Ave

15. FILED 1/16, 19 30 M. M. Broewe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1929 to Jan 15, 1930 that I last saw him alive on Jan 15, 1930, and that death occurred, on the date stated above, at 9:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
190 Myocarditis, Chronic
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CONTRIBUTORY (SECONDARY) Postatic Hypertrophy (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 9000

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS crystallog
(Signed) A. Miller, M.D. M. D.
1/5, 1930 (Address) 717 Shubert 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 Shubert DATE OF BURIAL 1-16-1930

20. UNDERTAKER J.P. Keeney ADDRESS K.C. 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.

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