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

Do not use this space.

5279

File No. 1937

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 395

Township Kaw — Primary Registration District No. 1062

City Kansas City (No. 2715 E. 27th St. Ward)

2. FULL NAME Harry Fogel

(a) Residence. No. 2715 E. 27th St., 11 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	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 Hazel Fogel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Owner of Grocery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Chas. H. Fogel

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

12. MAIDEN NAME OF MOTHER Libby Viederman

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

14. INFORMANT Mrs. L. Fogel
(Address) 2715 E. 27th

15. FILED 3/1, 1930 M. M. Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1929, to Feb. 28, 1930 that I last saw h. M. alive on Feb. 28, 1930, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metastatic Carcinoma involving stomach, colon, lungs & many lymph glands.

(duration) yrs. 5 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Pt. had malignant testicle removed 9 years previous (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 14, 1929

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic examination of tissue removed

(Signed) Paul H. Hemphill, M. D.

2/28, 1930 (Address) 702 Argyle 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 Sheffield Cemetary — DATE OF BURIAL Mar. 2, 1930

20. UNDERTAKER J.P. Louis Funeral Director — ADDRESS Kansas City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Attention should also be given to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.