

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Gallop
City N. K. C. Mo

Registration District No. 197
Primary Registration District No. 5276
(No. Harlem)

File No. 8088
Registered No. 22
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Houseboat on the River 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
from Past History some heart trouble
Probably with dilatation of heart
was found dead probably 8 or 10 hrs
after death (duration) _____ yrs. mos. da.

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

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

CONTRIBUTORY (SECONDARY) 95B (duration) _____ yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED 1010 IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

9. BIRTHPLACE (CITY OR TOWN) Romania (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. H. Young Coroner M. D. 3/29 1930 (Address) Liberty, Clay Co. Mo.

10. NAME OF FATHER _____ 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 12. MAIDEN NAME OF MOTHER _____ 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

*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.

14. INFORMANT abe lauder (Address) N. K. C. Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty, Mo DATE OF BURIAL 4/12 1930

15. FILED 4/12 1930 JRA 1929 REGISTRAR

20. UNDERTAKER Morton & Co. ADDRESS N. 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.

MAY 23 1930

