

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

Do not use this space.

8677

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1004
(No. St. Lukes Hospital)

File No. 1004
Registered No. 1004
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2110 Benton 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? 27 yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Ida Dolgenoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1887
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
42 8 2

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) Ladies Ready to wear
(c) Name of employer

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

10. NAME OF FATHER Wm. Dolgenoff

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

12. MAIDEN NAME OF MOTHER Leah Agon

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

14. INFORMANT Ida Dolgenoff
(Address) 2110 Benton Blvd.

15. FILED 3/9 1930 M. M. Crowe REGISTRAR
Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2^d, 1930, to March 7^o, 1930 that I last saw him alive on March 7, 1930, and that death occurred, on the date stated above, at 8:25 P. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paresis.
parenchymatous neuro-syphilitic of paralytic type
(duration) abt. yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 10 83
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DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood & spinal fluid
(Signed) E. W. Parson, M. D.

3/8 1930 (Address) 906 med. at. 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 Blue Ridge Cem. DATE OF BURIAL 3-9-1930

20. UNDERTAKER J. P. Louis ADDRESS Kans City 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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