

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

Do not use this space.

12595

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 300  
Primary Registration District No. 1071  
(No. Research Hospital)

File No. \_\_\_\_\_  
Registered No. 1521  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** David J. Lieberman

(a) Residence, No. Atchison, Kansas, St., \_\_\_\_\_, 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? 39 yrs. mos. ds.

**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 Lieberman

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 yrs

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) Clothing  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) London  
(STATE OR COUNTRY) England

10. NAME OF FATHER Nathan Lieberman

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

12. MAIDEN NAME OF MOTHER Jennie Copland

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

14. INFORMANT Mrs. Esther Lieberman  
(Address) Atchison, Kansas

15. FILED 4/7 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-3, 1930 to 4-6, 1930 that I last saw him alive on 4-6, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gas (cellulose) infection (abdominal muscles) left side  
(duration) \_\_\_\_\_ yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) apparent stomach & intestines  
(duration) \_\_\_\_\_ yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
IF NOT PRECEDE DEATH, DATE OF \_\_\_\_\_ 4-4-30  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Culture & smears  
(Signed) Malcolm S. Crowe M. D.  
4/7, 1930 (Address) 816 Latrop KC 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 Sheffield DATE OF BURIAL 4/9 1930

20. UNDERTAKER P. Louis Funeral Director, City. ADDRESS \_\_\_\_\_

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

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121B  
127A  
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