

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

Do not use this space.

**12735**

**1. PLACE OF DEATH**

County... Jackson Registration District No. 399  
 Township... Kaw Primary Registration District No. 3007  
 City Kansas City (No. 5013 Troost Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1632

**2. FULL NAME** Bertha Simon

(a) Residence No. 5013 Troost Ave. St. 15 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? 50 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>M.L. Simon</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Not Known</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>59</b>	<b>-</b>	<b>-</b>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Home Duties</b> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>				
PARENTS	10. NAME OF FATHER <b>Fredrick Rothchild</b>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
	12. MAIDEN NAME OF MOTHER <b>Not known</b>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Not known</b>			
14. INFORMANT <b>Ed S. Michelson</b> (Address) <b>1204 W. 59th St.</b>				
15. FILED <u>4/15 30</u> <b>M. M. Brown</b> REGISTRAR <i>Asst</i>				

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 15, 30

**17. I HEREBY CERTIFY**, That I attended deceased from June 5, 1930 to Apr 15, 1930 that I last saw her alive on Apr 15, 1930 and that death occurred, on the date stated above, at 8:45a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
430  
1118 Myocardial degeneration  
 (duration) 2 yrs. mos. da.  
Pulmonary oedema  
 (duration) \_\_\_\_\_ yrs. mos. da. 30 min

**18. WHERE WAS DISEASE CONTRACTED**  
Paris France  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** No  
**WHAT TEST CONFIRMED DIAGNOSIS?** Physical signs  
 (Signed) C. M. Carr Surgeon, M. D.  
4-15, 1930 (Address) 724 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** **DATE OF BURIAL**  
Sheffield Cemetary 4-16 1930

**20. UNDERTAKER** **ADDRESS**  
P. Louis, Funeral Director City, Mo  
Kans

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

