

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.

John Lawrence  
MAY 27 1930

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

Do not use this space.

13569

1. PLACE OF DEATH

County Pettis  
Township Ardenia  
City Ardenia (No. ....)

Registration District No. 868  
Primary Registration District No. 13032

File No. ....  
Registered No. 106  
St. .... Ward)

2. FULL NAME

Lewis D. Kahn  
(a) Residence No. 608 S. Kentucky St. .... Ward. ....  
(Usual place of abode)

Russia  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? 26 yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Jew</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Kahn</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 25, 1864</u>		
7. AGE <u>65</u>	YEARS <u>6</u>	MONTHS <u>2 1/2</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Grocer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u></u> (c) Name of employer <u></u>		If LESS than 1 day, .... hrs. .... min.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1929, to April 16 1930  
that I last saw him alive on April 16 1930, and that death occurred, on the date stated above, at 4:25 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
131  
930 (duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY Ch. Nephritis (SECONDARY)  
(duration) ? yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
0 DID AN OPERATION PRECEDE DEATH? No DATE OF  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Clinical findings  
(Signed) Jno B. Carless M. D.  
4/16 1930 (Address) Ardenia 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.

PARENTS	10. NAME OF FATHER <u>Mose Kahn</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
14. INFORMANT (Address) <u>Harry S. Kahn</u> <u>Ardenia Mo</u>	
15. FILED <u>4-17-1930</u> <u>J. L. Love</u> REGISTRAR	

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Ardenia Mo</u>	DATE OF BURIAL <u>4/18</u> 19 <u>30</u>
20. UNDERTAKER <u>McLaughlin Bros</u>	ADDRESS <u>Ardenia</u>

