

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

Do not use this space.

32875

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 358  
Primary Registration District No. 1002  
(No. 2850 Troost Ave.)

File No. \_\_\_\_\_  
Registered No. 4102 St. \_\_\_\_\_ Ward)

**2. FULL NAME** Solomon Tempofsky

(a) Residence. No. 2850 Troost St. 6 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds. (If nonresident, give city or town and State)

**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 Anna Tempofsky

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>-</u>	<u>-</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture  
(c) Name of employer \_\_\_\_\_

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

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

14. INFORMANT Mr. Ike Tempofsky  
(Address) LaSala Hotel

15. FILED 10/8/30 M. M. Cooper REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1930 to Sept. 6, 1930 that I last saw h. m. alive on Oct. 6, 1930 and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uremia  
9:30  
131  
1930  
Chronic myocarditis nephritis (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Examination June  
(Signed) E. H. Gieseler M. D.  
Oct. 7, 1930 (Address) 709 Shaker 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 Mt. Carmel Cemetary DATE OF BURIAL 10-8-30

20. UNDERTAKER J.P. Louis Funeral Home. Kans ADDRESS 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.

GET WITH UNFADING INK---THIS IS A PERMANENT RECORD

