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

Do not use this space.

36268

File No. 5674

Registered No. 4674

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1205 Admiral St. Ward)

Registration District No. 399
Primary Registration District No. 100

2. FULL NAME Abraham Isaac Jerwich
(a) Residence. No. 1205 Admiral St., 1 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	4	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Herman Jerwich
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Rose Stern
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Poland

14. INFORMANT Mrs. Rose Jerwich
(Address) 1205 Admiral

15. FILED 11/18, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to Nov 17, 1930, that I last saw h. alive on Nov 17, 1930, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(a) Status Lymphaticus
(duration) yrs. 4 mos. 10 ds.
CONTRIBUTORY (SECONDARY) Hydrocephalus
Upper Respiratory Infection (duration) yrs. 4 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Phillip S. Astrom M. D.
11/18, 1930 (Address) 400 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 Cem.	11-18-30
20. UNDERTAKER	**ADDRESS**
J.B.Louis Funeral Home	City

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.

PHYSICIAN CHARGING INQUIRIES IS A PERMANENT RECORD