

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.

MAY 2 1 1931

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

Do not use this space.

13290

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 457  
 City St. Joseph, Mo. (No. Missouri Methodist Hos) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 621 South 10th 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? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Mike Lieppman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown about 1887</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>unknown</u>	DAYS <u>unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>943</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Russia</u>		
13. NAME <u>Boruch Chodse</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Russia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
17. INFORMANT <u>Mike Lieppman St. Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shagre Holom</u> DATE <u>April 26 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Leezman Funeral Home St. Joseph Mo 1946 Colburn</u>		
20. FILED <u>4-27-31</u> 19 <u>31</u> <u>John R Bender</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1931

22. I HEREBY CERTIFY, That I attended deceased from April 20 1931 to April 24 1931. I last saw him alive on April 24 1931. Death is said to have occurred on the date stated above, at 2:00 P.m.  
 The principal cause of death and related causes of importance were as follows:

<p>Other contributory causes of importance:  <u>Cholera</u>  <u>Septic Peritonitis</u></p>	<p>Date of onset  <u>15.4.31</u></p>
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Name of operation Cholecystectomy Date of Apr. 26  
 What test confirmed diagnosis? W. & S. Stain Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. Schum M. D.  
 (Address) 512 1/2 E. 11th

