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

Do not use this space.

14174

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. [illegible]
Township Law — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Rebecca Rosenthall
(a) Residence. No. 608 Forest Ave 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Rosenthal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1885

7. AGE 46 YEARS 44 MONTHS -1 DAYS 54 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House duties 235
(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) MO.

PARENTS
10. NAME OF FATHER Sam Turoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia

14. INFORMANT Sam Turoff
(Address) 608 Forest

15. FILED 4/10, 1931 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-8th 1931

17. I HEREBY CERTIFY, That I attended deceased from 1928, 19..., to April 8, 1931 that I last saw her alive on April 8, 1931, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
hepatosclerosis (Bright's Disease)
59
131
several (duration) — yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus
8 (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? no.
WHAT TEST CONFIRMED DIAGNOSIS? clinically
(Signed) [illegible] M. D.
4/10, 1931 (Address) 1610 Tracy Ave

*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 Sheffield — DATE OF BURIAL 4-10-1931

20. UNDERTAKER J. P. Louis — ADDRESS 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.