

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

Do not use this space.

14403

1923

1. PLACE OF DEATH

County Jackson
Township Raced
City Kansas City

Registration District No. 385
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rosetta Silverstein
(a) Residence. No. 2917 Highland St. Ward. 4
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wg. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6, 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 4 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Houston
(STATE OR COUNTRY) Texas

10. NAME OF FATHER Phillip Silverstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) London
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Mollie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Houston
(STATE OR COUNTRY) Texas

14. INFORMANT Phillip Silverstein
(Address) 2917 Highland

15. FILED 4-24-31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 24, 1931, that I last saw her alive on April 23, 1931, and that death occurred on, the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis
85B
115A (duration) yrs. mos. 9 da.

CONTRIBUTORY (SECONDARY) Retropharyngeal abscess
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED? Residence 2917 Highland
IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Carson S. Conwell M. D.
4/24 1931 (Address) 608 Cambridge 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 Houston Texas DATE OF BURIAL 4-24 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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

