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

Do not use this space.

21628

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3800 Forest Ave St. 13 Ward)

Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2780

2. FULL NAME Fannie Blum Loeb
(a) Residence. No. 3800 Forest St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Loeb.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Frankford Ill.
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Nathan Blum
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Jenette Dankman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Joseph Mooney
(Address) 3800 Forest

15. FILED 6/25, 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1928, to June 22 1931, that I last saw h. W alive on June 22 1930, and that death occurred, on the date stated above, at 8:30 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
Cerebral hemorrage. 87A
97
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis myocarditis
(duration) 3 yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 93C
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual findings
(Signed) B. S. Subbacher, M. D
6/23, 1931 (Address) 836 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 Elmwood Cemetery
DATE OF BURIAL June 25 1931

20. UNDERTAKER Carroll Davidson Und Co
ADDRESS K City Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD 6 PM

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.