

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Free
City Kansas City (No. Research Hospital)

Registration District No. 399

Primary Registration District No. 1007

250123009

File No. 3009
Registered No. 3rd Ward

2. FULL NAME

(a) Residence, No. Fairview 2145 St. X 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Goldberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Mdse
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) Leavenworth Kansas

MOTHER 13. NAME Isaac Goldberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Jasoch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Leo Goldberg
6011 Central St

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July 12 1931

19. UNDERTAKER (ADDRESS) Carroll Jariston and Co
30247 100th

20. FILED 7/11 19 31 M. M. Crave
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1931

22. I HEREBY CERTIFY That I attended deceased from July 9 1930, to July 10 1931.
I last saw him alive on July 10 1931. Death is said to have occurred on the date stated above, at 4:50 m.

The principal cause of death and related causes of importance were as follows:

Dependent's Peritonitis 12/10 4-4-31
Anterior-sclerosis 12/29 4-6-31
Other contributory causes of importance: Anterior-sclerosis 1929-

Name of operation Appendectomy + drainage Date of 4-9-31
What test confirmed diagnosis? Examination Was there an autopsy? Yes

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? No
If so, specify...
(Signed) D. S. Sulbacher, M. D.
(Address) 826 Apple Reef

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.

