

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

Do not use this space.
25097

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 2002 Registered No. 2096
City Kansas City (No. 2919, Linwood Blvd. St. _____ Ward) _____

2. FULL NAME

Rebecca Eisen
(a) Residence, No. 2919 Linwood Blvd. St. 14 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 42 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 OF (OR) WIFE OF <u>Nathan Eisen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE <u>62</u>	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Duties</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Romania</u>		
FATHER	13. NAME <u>Mosses Geller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Romania</u>	
	15. MAIDEN NAME <u>Libby ----</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Romania</u>	
17. INFORMANT <u>Nathan Eisen</u> (ADDRESS) <u>2919 Linwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheffield Cem.</u> DATE <u>7-17-31</u> 19 _____		
19. UNDERTAKER <u>J.P. Louis Funeral Home</u> (ADDRESS) <u>Kansas City, Missouri.</u>		
20. FILED <u>7-17-31</u> 19 <u>31st M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to July 17 1931
I last saw h. er alive on July 1917. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis - Chronic
93C
87
Date of onset _____

Other contributory causes of importance:
Cerebral Softening

Name of operating _____ Date of _____
What best confirmed diagnosis? Sat. phy 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) H. J. Wittenberg
(Address) 3447 Prospect

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.

