

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

28519 Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 300

File No. 3647

Township Kaw

Primary Registration District No. 400

Registered No.

City Kansas City

(No. #2 East 13th)

St. _____ Ward)

2. FULL NAME

Robert Ginsberg

(a) Residence, No. 3610 Olive 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 40 yrs. mos. ds.

How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Bessie Ginsberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS 59 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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.

10. Date deceased last worked at this occupation (month and year) 8-30-31 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

13. NAME Michael Ginsberg

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

15. MAIDEN NAME Ida Sarah-

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT David Ginsberg (ADDRESS) 500 E. 59th

18. BURIAL, CREMATION, OR REMOVAL PLACE M. M. Corneil DATE Aug 31

19. UNDERTAKER J.P. LOUIS FUNERAL HOME (ADDRESS) 3400 Woodland Ave.

20. FILED 8/31 - 19 31 M. M. Corneil Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, '31

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Aug 30, 1931. I last saw him alive on Aug 30, 1931. Death is said to have occurred on the date stated above, at 11:58 a.m. The principal cause of death and related causes of importance were as follows:

Angina pectoris
Coronary atherosclerosis
Myocardial infarction
Heart failure

Name of operation None Date of _____
What test confirmed diagnosis? Syncope Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury _____, 19____
Where did injury occur? None (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) W. M. Gumbert, M. D.
(Address) 724 Argyle Bldg.

Exact statement of OCCUPATION is very important.

