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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 883 — File No. 31264

Township Kansas City — Primary Registration District No. [illegible] — Registered No. 3761

City Kansas City (No. 3400 Woodland Ave. St. Ward)

2. FULL NAME Rebecca Louis

(a) Residence, No. 3400 Woodland Ave. 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 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius P. Louis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	51	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

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) 9-9-31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

FATHER

13. NAME Phillip Goldman

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

MOTHER

15. MAIDEN NAME Sarah Unk

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

17. INFORMANT (ADDRESS) J.P.Louis 3400 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem. DATE 9-11-31, 19

19. UNDERTAKER (ADDRESS) J.P.Louis Funeral Home Kansas City, Mo.

20. FILED 9-11-, 19 31 M. M. Cosme Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1931, to Sept 9, 1931

I last saw her alive on Sept 9, 1931. Death is said to have occurred on the date stated above, at 10:30a

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

Acute delatation of the front — Date of onset Sept 8, 31

1200 120

950

Other contributory causes of importance: Acute Entero Colitis — Aug 26 1931

Name of operation Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

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) George Ring, M. D.

(Address) 518 Commerce Bldg