

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

Do not use this space.

34473

1. PLACE OF DEATH

County Jackson Registration District No. 385
Township Kaw Primary Registration District No. 105
City Kansas City (No. 609 Forest) St. _____ Ward _____

File No. _____
Registered No. 4192
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 609 Forest Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abraham Kleinstein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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>Russia</u>		
MOTHER	13. NAME <u>Siah Hersh Simons</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Max Kleinstein</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheffield</u> DATE <u>Oct 15 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. Loring 73400 Woodland Ave.</u>		
20. FILED <u>10-15-31 M.M. Kelowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Oct 15, 1931.
I last saw her alive on Oct 14, 1931. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Rate of onset
Sept 20/31

Other contributor causes of importance:
Arteriosclerosis ?

Name of physician J. B. Loring Date of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. 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 Ruzel _____, M. D.
(Address) 518 Commerce

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.

