

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.

37838

4706

1. PLACE OF DEATH

County JacksonRegistration District No. 390Township KawPrimary Registration District No. 1002City Kansas City(No. Menorah, Hospital)

St. _____ Ward)

2. FULL NAME

David Adelstein(a) Residence, No. 710 CherrySt. /

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 30 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 OFBessie Adelstein

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

Oct 4, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.70120

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Tailor9. 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)

Russia

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Harry AdelsteinKansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sheffield Cem.

DATE

Nov. 26, 1931

19. UNDERTAKER

(ADDRESS)

J. P. Louis Funeral HomeKansas City, Mo.

20. FILED

11/20/31 M. M. CroweRegistrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 193122. I HEREBY CERTIFY, That I attended deceased from
Nov. 10, 1931, to Nov. 24, 1931I last saw him alive on Nov. 24, 1931 Death is saidto have occurred on the date stated above, at 11:45 p. m.

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

Date of onset

Arterio-sclerosis 3 yrs9/17

Other contributory causes of importance:

SenilityName of operation None Date ofWhat test confirmed diagnosis? Physical signs 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? _____

(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) A. Morris Ginsberg, M. D.(Address) 724 Argyle Bldg

