

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

Do not use this space.

257

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St. Joseph, Mo.

Registration District No. 85  
Primary Registration District No. 1001  
(No. Missouri Methodist Hos.)

File No. ....  
Registered No. 98  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 619 South 10th St., ..... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Jew</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>Unknown Kalis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17, 1879</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>8</u>	DAYS <u>12</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant 171</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>Kenneshin 23</u> <u>Russia</u>		
13. NAME <u>Sam Kalis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Russia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Russia</u>		
17. INFORMANT (ADDRESS) <u>Rich Miller</u> <u>St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sharon Sholem</u> DATE <u>Jan. 31, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Fleming Funeral Home, Inc.</u> <u>St. Joseph, Mo.</u>		
20. FILED <u>1-30</u> , 19 <u>32</u> <u>John K. Bender</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 28, 1932, to Jan 29, 1932  
I last saw him alive on Jan 29, 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
82A Apoplexy  
102 Apoplexy  
High Blood Pressure

Other contributory causes of importance:  
8

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical. 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 1  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) J. Kaugissee, M. D.  
(Address) 419 Kirkpatrick Bldg St. Joseph, Mo.

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.

A. 10 23 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

