

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

971

1. PLACE OF DEATH

County Jackson
 Township Case
 City Kansas City (No. 2821 East 33)

Registration District No. 338
 Primary Registration District No. 100

File No. 9
 Registered No. 14
 St. 14 Ward 9

2. FULL NAME

(a) Residence, No. 2821 E 33 St. 14 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Rosalyn Kahn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman - Wholesale
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Salesman - 136
 10. Date deceased last worked at this occupation (month and year) 2 3 13 11. Total time (years) spent in this occupation inval

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosedale - Kansas13. NAME Charles Kahn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria15. MAIDEN NAME Theresa Tappesky16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT (ADDRESS) Fred Kahn 2821 E 33 st.18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Jan. 4 193219. UNDERTAKER (ADDRESS) Carroll Davidson and Co 2024 Tenth20. FILED Jan. 3 1932 M. M. Corbin Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 193222. I HEREBY CERTIFY That I attended deceased from Oct, 1931, to Dec 27, 1931

I last saw him alive on 1/1, 1932. Death is said to have occurred on the date stated above, at 4 a. m.

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

Date of onset

Coronary thrombosis
12/26
 Other contributory causes of importance:

Cholelithiasis - not actually related to cardiac condition
 Name of operation _____ Date of _____
 What test confirmed diagnosis? aut Was there an autopsy? no

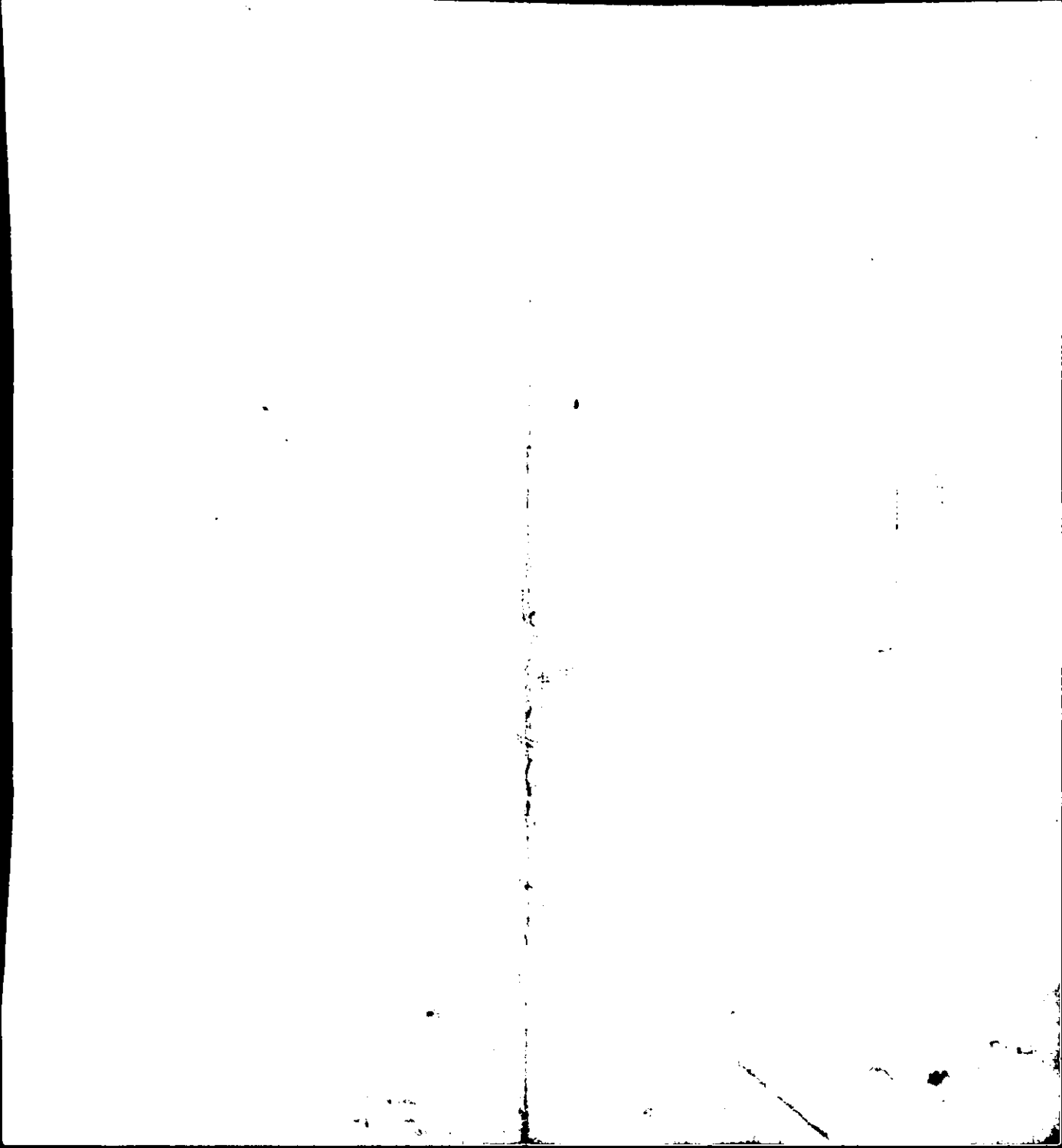
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury lw
 Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify A. C. Cassen M. D.
 (Address) 625 Professional Bldg



Dr. James Stewart,
Secretary, State Bd. of Health
Jefferson City, Mo.

Dear Dr. Stewart;

971 Jan 2, 1932

A representative of the Sentinal
Life Insurance Company, ask me to send you a
certified statement of the death of Mr. Tobias
B. Kahn.

Name.- Tobias B. Kahn, Age 47. Died Janruary
2nd, 1932, at 3:30 A.M., place of residence,
2821 E. 33rd St., Kansas City, Missouri.

Cause of death:- Coronary Thrombosis.

Patient was last seen alive by myself on Jan. 1st
1932. Had been under medical observation, the
past two months.

Contributory cause, Cholelithiasis.

Certified to be a true Statement.

SUPPLEMENT

Arthur C. Glasen

Arthur C. Glasen, M.D.

State of Mo.) ss
County of Jackson)

Subscribed and sworn to before
me this 15th Day of January, 1932.

Nora E. Schorder
Notary Public.

Com. expires
May 25, 1932.

5-971