

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.

8702
1290

1. PLACE OF DEATH
 County Jackson Registration District No. 325
 Township Kaw Primary Registration District No. 1002
 City K.C., Mo (No. Reaserch Hospt.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Fischel Jaben
 (a) Residence, No. 4412 Montgall Ave St. 16 Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Jaben

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

7. AGE YEARS 58 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1591

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 25

13. NAME Jaben

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Phillip Jaben
2511 eEast 43 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem DATE Mar 28, 32

19. UNDERTAKER (ADDRESS) J.P. Louis Funeral Home
K.C., Mo.

20. FILED 3/28, 19 32 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 32, 19__

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 19__ to Mar 27, 19__
 I last saw him alive on Mar 27, 19__ Death is said to have occurred on the date stated above, at 3P.M.

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

Rupture of esophageal varices related with hemorrhage
Other contributory causes of importance:
cirrhosis of the liver.

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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) Delon G. Williams, M. D.
 (Address) 8016 Prof. Bldg.
St. Louis City, Mo.

