

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

Do not use this space.

39963
4971

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Rau Primary Registration District No. 1902
 City Manassas City (No. 26th & 1st West) St. _____ Ward _____

2. FULL NAME

Sol Yagoda
 (a) Residence, No. 3644 Wood St., 13 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 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 OF Bella Yagoda
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1886
 7. AGE YEARS 46 MONTHS 11 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning Business
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 248
 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 23

13. NAME Myer Yagoda

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

15. MAIDEN NAME Leibe (unk)

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

17. INFORMANT Mr. Hammer (ADDRESS) 2609 1st West

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmel DATE Dec 25 1932

19. UNDERTAKER H. Tigerman & Sons (ADDRESS) 27308 Prospect

20. FILED 12/20 1932 M. M. Crave act. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Myer Yagoda, 1932

I last saw him live on _____, 1932. Death is said to have occurred on the date stated above 10:00 A.M.

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

Arteriosclerosis Coronary Date of onset _____
depression with
myocardial infarction

Other contributory causes of importance:

948 948 948
 Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? _____

If so, specify _____ (Signed) Myer Yagoda, M. D.

(Address) Deputy Coroner

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.

