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.

File No. 40015

Registered No. 5023

1. PLACE OF DEATH
County Jackson — Registration District No. ____
Township Kaw — Primary Registration District No. 399
City Kansas City (No. 5800, Oak 1008 St. Ward)

2. FULL NAME Rosa Schwarz
(a) Residence, No. 5800 Oak St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Schwarz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1748

7. AGE YEARS 84 MONTHS 10 DAYS 19 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) N. Y. City N.Y. 2

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Harry Harburger 5800 Oak

18. BURIAL, CREMATION, OR REMOVAL
PLACE New York City DATE 12-28- 1932

19. UNDERTAKER (ADDRESS) J. P. Lewis Funeral Home City

20. FILED 12-28- 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Dec 28, 1932
I last saw her alive on Dec 27, 1932. Death is said to have occurred on the date stated above, at 3:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
131	
93 Myocarditis, Chronic	1922
131 (1)	

Other contributory causes of importance:
Nephritis, Chronic

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) A. Moore Gino Eng, M. D.
(Address) 724 Argyle Bldg