

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

Do not use this space.

1459

1. PLACE OF DEATH

County Jackson
Township Kane
City Kansas City (No. Memorial Hospital)

Registration District No. 390
Primary Registration District No. 1002

File No. _____
Registered No. 189
St. _____ Ward _____

2. FULL NAME

Hyman Lefkowitz
(a) Residence, No. 215 W 38th St., 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 4

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

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) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Harold Lefkowitz

14. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Betty Nalsky

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

17. INFORMANT Harold Lefkowitz (ADDRESS) 215 W 38th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Camel DATE 1-12-1933

19. UNDERTAKER J. Louis Kuntz (ADDRESS) 215 W 38th St.

20. FILED 1-12-1933 M. M. Crowe Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1933, to 1-12-1933

I last saw h. l. m. alive on 1-11-1933 Death is said

to have occurred on the date stated above, at 5A m.

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

Thymus Hypertrophy

67
161A 67

Other contributory causes of importance:

Atelectasis

Name of operation no Date of _____

What test confirmed diagnosis? _____ 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 _____, 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? _____

If so, specify _____

(Signed) Geo. F. Register _____, M. D.

(Address) 933 Professional Bldg.

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.

