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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 1790
Township Kansas — Primary Registration District No. 1008 — Registered No. 521
City Kansas City (No. 3909, Benton Blvd St. ..... Ward)

2. FULL NAME Hannah Weinberger

(a) Residence, No. 3909 Benton Blvd St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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 Abraham

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

7. AGE: YEARS 54 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Russia

FATHER
13. NAME Wm Rudnick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) A. Weinberger 3909 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield DATE 2-1-1933

19. UNDERTAKER (ADDRESS) G. P. Lewis and Co. 2-1-33

20. FILED Jan 31, 1933 M. M. Orme Registrar. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Jan 31, 1933
I last saw her alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Valve Regurgitation	
9 yr	
9 yr	
Other contributory causes of importance: Angina Pectoris	

Name of operation — Date of
What test confirmed diagnosis? Symptoms. 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) H. D. Jerome, M. D.
(Address) 218 Argyle Bldg.