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. 399 — File No. 6075
Township Kaw — Primary Registration District No. 4002 — Registered No. 1122
City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME John Rosenberg
(a) Residence, No. 922 E. 15th St., ... 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: YEARS 67 | 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. Shoemaker ~~unknown~~
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 .....

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

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FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

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MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

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17. INFORMANT (ADDRESS): Reuva Clerk, K.C. Gen. Hosp. K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cemetery DATE March 7, 1933
19. UNDERTAKER (ADDRESS): H. Tigerman & Sons, 2738 Prospect
20. FILED 3-7-1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27, 1933
22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1933, to 2-27, 1933
I last saw him alive on 2-27, 1933. Death is said to have occurred on the date stated above, at 6:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
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Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) J. H. Jennett, M. D.
(Address) Sister K.C. Gen. Hosp. K.C. Mo.
2-27-33

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD