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.

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

Do not use this space.
9668

1. PLACE OF DEATH
County Jackson — Registration District No. 999 — File No. 1272
Township Kaw — Primary Registration District No. 1034 — Registered No.
City Kansas City (No. Menorah Hosp. St. Ward)

2. FULL NAME Rabbi Max Lieberman
(a) Residence, No. 1522 E 33rd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Anna Lieberman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: YEARS 64 | 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.: Rabbi
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: + Teacher
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: David Lieberman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Mirian —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Meyer Lieberman 4222 E Virginia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE 3-16-1933
19. UNDERTAKER (ADDRESS): J. P. Louis Und Co. K. C. Mo
20. FILED Mch 16, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to Mar 15, 1933
I last saw him alive on March 15, 1933. Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis — Date of onset
93 — 93
94 B
Other contributory causes of importance: myocarditis, Chronic
Name of operation — Date of —
What test confirmed diagnosis? Symptoms 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) H D Jerowitz M. D.
(Address) 225 Argyle Bldg