

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.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1002
City Kansas City (No. Research Hosp)

File No. 16682
Registered No. 2170
St. Ward

2. FULL NAME Ben Ossep
(a) Residence, No. 3623 Paseo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Rebecca Ossep

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 — —

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

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

13. NAME Schlama Ossep

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Gertudes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Ms. Rebecca Ossep 3623 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiffeld Ave DATE 5-21-1933

19. UNDERTAKER (ADDRESS) F. P. Lewis and Co.

20. FILED 5-21-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1933, to May 19 1933
I last saw him alive on May 19 1933 Death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:
Cerebritis
Date of onset

Other contributory causes of importance:
Mastoiditis (Possibly)

Name of operation Mastoid Date of Apr 1-33
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, 1933
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) Sany E. Roberts M. D.
(Address) Professional Bldg.

169
23
23
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