

**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 Kan Primary Registration District No. 1002  
 City Kansas City, Mo. General Hosp St.      Ward     

File No. 16817  
 Registered No. 2529

**2. FULL NAME**

Oscar Bender  
 (a) Residence, No. 64 Man 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) Unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9  
 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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 6.5.33

19. UNDERTAKER (ADDRESS) Dunk & Tolin

20. FILED haus 33 M.M. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1933 to 5-29, 1933  
 I last saw him alive on 5-29, 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:

Caecumonia of the Lung. (Left)  
470  
 Other contributory causes of importance:       
470

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)      M. D.

(Address) Leeds  
30-23

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.

