

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

Do not use this space.

19881

1. PLACE OF DEATH

County Jackson Registration District No. 302
Township Raw Primary Registration District No. 1002
City K.C. Mo. (No. Linnwood Olive)

File No. _____
Registered No. 2597
St. _____ Ward _____

2. FULL NAME

Mayer Salzberg
(a) Residence, No. 3426 Olive 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~~ married (write the word)

5A. IF MARRIED, WHO WAS HIS ~~HUSBAND~~ Harak Salzberg
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 1863

7. AGE YEARS 70 MONTHS _____ DAYS April 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Teacher

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) June 20 11. Total time (years) spent in this occupation _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Ben A. Salzberg
(ADDRESS) Chicago - Feb 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT CAMEL DATE 6-21 1933

19. UNDERTAKER N. J. ...
(ADDRESS) 2738 Prospect

20. FILED 6-21 1933 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20/33 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Concussion of brain
Fracture of right leg and pelvis

Other contributory causes of importance: fracture 2/10

Name of operation no Date of _____
What test confirmed diagnosis negative there an autopsy? _____

23. If death was due to external causes (Poison, fall, etc.) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 6/20/33

Where did injury occur Linnwood Olive, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in factory, home, or in public place.

Manner of injury that
Nature of injury fractures & lacerations

24. Was disease or injury related to occupation of deceased?
If so, specify _____

(Signed) [Signature]
(Address) [Address]

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.

at home 70 April 14 1863

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