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.

35750

85

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, Mo. (No. 907 South 9th St. Ward)

Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 11311

2. FULL NAME Anna Tabachnick
(a) Residence, No. 907 South 9th 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: Female
4. COLOR OR RACE: Jew
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown about 1889

7. AGE: YEARS 44 | 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.: Home
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 Russia

FATHER
13. NAME: B. Resnik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Russia

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

17. INFORMANT (ADDRESS): Morris Tabachnick St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shaare Sholem DATE: Nov. 20, 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED: NOV 20 1933 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1933, to 11-19, 1933
I last saw her alive on 11-19-33, 1933. Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	9/15/33
41B	
53C	

Other contributory causes of importance: Metastasis to Brain

Name of operation: Removal Ca. meningis Date of 9/20/33
What test confirmed diagnosis? Operation Was there an autopsy? No

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? No
If so, specify
(Signed) M. H. Talty M. D.
(Address) 411 Corby Bldg. St. Joseph, Mo.