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.

JAN 8 1936

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

Do not use this space.

36691

399

1. PLACE OF DEATH

County JACKSON — Registration District No. 1002 — File No.

Township KAW — Primary Registration District No. — Registered No. 4614

City KANSAS (No. 817 GLADSTONE BLVD. St. - Ward)

2. FULL NAME ELIAS ALVERY KAUFMAN

(a) Residence, No. 817 GLADSTONE BLVD. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. ANNA M. KAUFMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 8 1873

7. AGE: YEARS 60 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DRUGGIST
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3100 EAST 9TH ST.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) PAPINSVILLE (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME MICHAEL M. KAUFMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

MOTHER

15. MAIDEN NAME PERMELIA KIMES
16. BIRTHPLACE (CITY OR TOWN) WESTON (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. ANNA M. KAUFMAN (ADDRESS) 817 GLADSTONE BLVD.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE NOVEMBER 22, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 11-24, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1932 to 11/18, 1933

I last saw him alive on 11/17, 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:

Chronic Myocarditis — Date of onset 1/1/31

936

130

Other contributory causes of importance: Acute Nephritis

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) D. R. Russell, M. D.

(Address) 3231 E. 11 St.

3011 a Independence Ave
2-4