

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

Do not use this space  
**35767**  
**4690**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 389  
Primary Registration District No. ROG 2

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3021 Garfield St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Samuel Rothschild</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>73</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1933, to Nov 28th 1933  
I last saw him alive on Nov 28th 1933 Death is said to have occurred on the date stated above, at 7:10 p.m.

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

Acute Dilatation of heart 59  
936  
137

Other contributory causes of importance:

Chronic Myocarditis  
Diabetic Mellitus  
Hypertrophied Prostate

Name of operation ..... Date of .....  
What test confirmed diagnosis? Laboratory 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? .....  
If so, specify no

(Signed) Joseph Eitelson, M. D.  
(Address) 1209 Rialto Bldg.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	13. NAME <u>Morris Rothschild</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	15. MAIDEN NAME <u>Rosa Rothschild</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	17. INFORMANT <u>Wm Rothschild</u> (ADDRESS) <u>3021 Garfield</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. Carmel</u> (DATE <u>11-30-1933</u> )
	19. UNDERTAKER <u>J.P. Lewis Funeral Home</u> (ADDRESS) <u>Madison</u>
	20. FILED <u>Nov-29</u> 19 <u>33</u> <u>Mdm. Cerow</u> <u>asor</u> Registrar.

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.

1933

