

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.

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

Do not use this space.

40160

**1. PLACE OF DEATH**

County Jackson Registration District No. 339  
 Township Kaw Primary Registration District No. 16  
 City Kansas City (No. Menorah Hospital)

File No. \_\_\_\_\_  
 Registered No. 4965  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Allen Klein

(a) Residence, No. 217 East 34th 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Kansas City, Mo.

13. NAME Myron H. Klein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis, Minn.

15. MAIDEN NAME Rose Blond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT (ADDRESS) Myron H. Klein  
217 East 34th

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Carmel DATE Dec. 19, 1933

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home  
3400 Woodland Ave.

20. FILED Dec 19, 1933 M. M. Kerowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Dec 19, 1933  
 I last saw him alive on Dec 19, 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance \_\_\_\_\_  
Broncho Pneumonia  
1010  
 Date of onset 9th

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) J. B. Carr, M. D.  
 (Address) 6247 B. ...

