

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.

40356

1. PLACE OF DEATH

County Jackson Registration District No. 385
 Township Raw Primary Registration District No. 500
 City Hanna City (No. 3929, Walack) St. _____ Ward _____

File No. _____
 Registered No. 5166
 St. _____ Ward _____

2. FULL NAME Rose Ribakoff

(a) Residence, No. 3929 Walack St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Joe Ribakoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	51	X	X	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Russia

13. NAME Sol. Alporovitz

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

15. MAIDEN NAME Hanna Schulman

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

17. INFORMANT M. Davis (ADDRESS) 100. no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schiffeld DATE Jan 2 1933

19. UNDERTAKER H. T. Geman (ADDRESS) 2735 Prospect

20. FILED 1/31 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933, to Dec 29 1933

I last saw h. alive on Dec 28 1933 at 8:30 m. 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:

Broncho Pneumonia Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

(Signed) E. D. Outell M. D.

(Address) 810 W. 4th St.

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Dr. Cyrus C. Barrett
Chambers May