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.

MAR 24 1934

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

Do not use this space.

4982

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 707
Township ~~Kaw~~ — Primary Registration District No. 300 — Registered No. 707
City Kansas City (No. 4736 Oak St. Ward)

2. FULL NAME Beckie Tonopolsky
(a) Residence, No. 4736 Oak St., Ward. (If nonresident, give city or town and State)
(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.

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: Samuel Tonopolsky
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known
7. AGE: YEARS 57 — 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.: At 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): Russia

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Dorothy Hellman, 3400 Woodland
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield DATE Feb. 15, 1934
19. UNDERTAKER (ADDRESS): J. P. Louis Funeral Home, 3400 Woodland Ave.
20. FILED 7/13, 1934 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1934, to Feb. 12, 1934
I last saw her alive on Feb. 12, 1934. Death is said to have occurred on the date stated above, at 3 A.m.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis.
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Date of onset
Other contributory causes of importance: Left Ventricular Failure
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) Max Goldman, M. D.
(Address) 1014 Med. Arts Bldg.

Dr. Max Goldman
Medical Arts Bldg.