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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 9964

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. 1105, East Third St. St. Ward)

2. FULL NAME Arthur Kaufman

(a) Residence, No. 1105 E Third 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF Kittie Kaufman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	10	8	

OCCUPATION

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

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) Ft. Scott Kans.

FATHER

13. NAME William Kaufman

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

MOTHER

15. MAIDEN NAME Margaret Cline

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

17. INFORMANT (ADDRESS) Kittie Kaufman 1105 E 3rd Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stotesbury, Mo. DATE Mar. 13 34

19. UNDERTAKER (ADDRESS) Gillespie Furn Home Sedalia, Missouri

20. FILED 3-12-, 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1934, to Mar 11, 1934

I last saw him alive on Mar 11, 1934 Death is said to have occurred on the date stated above, at 8:10 a m.

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

Bronchopneumonia — Date of onset 7/1934

11A Fathing implement

132A

109A

Other contributory causes of importance: nephritis

Name of operation None Date of

What test confirmed diagnosis? Chronic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) [illegible], M. D.

(Address) Sedalia Mo