

MAY 25 1934

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

Do not use this space.

12802

## 1. PLACE OF DEATH

County

Township

City

Jackson

Haw

R. E. Mo

Registration District No.

Primary Registration District No.

(No.)

Menzies Hospit

300

2005

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M  
F

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Divorced

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

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

Dec 8-1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .....hrs.  
or .....min.

44

3

26

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)New York  
N.Y.

FATHER

13. NAME

Bernard Lewis

MOTHER

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

Russia

15. MAIDEN NAME

Ethel Harris

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

Russia

17. INFORMANT

(ADDRESS)

Ethel Goldstein  
4046 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmwood Cem. DATE Apr 5<sup>th</sup> 1934

19. UNDERTAKER

(ADDRESS)

J. P. Louis Funeral Home,  
3400 Woodland Ave.

20. FILED

DATE

1934

Mo.

M.

Crown

Regist.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Apr-4<sup>th</sup>

1934

22. I HEREBY CERTIFY, That I attended deceased from

4-1

1934

to

4-4

1934

, 1934

I last saw him alive on

4-4

, 1934

Death is said

to have occurred on the date stated above, at

3 p.m.

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

Date of onset

Pernicious anemia ?  
MIA

Other contributory causes of importance

Name of operation

What test confirmed diagnosis?

Blood tests

Date of

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? No

If so, specify

(Signed)

A Morris Gumber

, M. D.

(Address)

724 Argyle Bldg

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.

