MAY 25 1934

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

Do not use this space.

12929

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1580
City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Morris Heimowitz
(a) Residence, No. 203 S Summit St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1864

7. AGE: YEARS 69 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Hungary

FATHER
13. NAME Harry Heimowitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen. Hosp. KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Scheffield Cem DATE 4-13, 1934

19. UNDERTAKER (ADDRESS) Figeiman & Sons KC Mo

20. FILED Apr. 13, 1934 M. M. Crowe asst Registrar. 4-13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1933 to 4-12, 1934
I last saw him alive on 4-12, 1934 Death is said to have occurred on the date stated above, at 12:10 P M
The principal cause of death and related causes of importance were as follows:
Heart disease arterio-sclerotic Hypertension
95 b 2
Other contributory causes of importance:
Cardiac decompensation

Date of onset

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 P F DeMarin
(Signed) ....., M. D.
(Address) Asst Supt K.C. Gen Hosp KC Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD