

WRITE PEANUT, 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.

JUN 19 1934

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

Do not use this space.

16950

1. PLACE OF DEATH

Jackson

County

Registration District No.

Township

Primary Registration District No.

Kansas City

(No.

4500 Warwick Boulevard

St.

Ward)

2. FULL NAME

Rachel Deutsch

(a) Residence, No.

4500 Warwick Boulevard

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Albert B. Deutsch

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

April 4, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

79

1

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OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mausoleum, Rose Hill Cemetery

19. UNDERTAKER
(ADDRESS)

20. FILED

5-26

1934

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MEDICAL CERTIFICATE OF DEATH

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

May 26,

1934

22. I HEREBY CERTIFY, That I attended deceased from
May 22, 1934, to May 26, 1934

I last saw him alive on 19..... Death is said
to have occurred on the date stated above, at 8:20 A. M.

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

coronary sclerosis
arteriosclerotic aortitis
myocardial infarction
Hypertension
chronic Bright's disease
Date of onset
years
age
1 check
Other contributory causes of importance:
Name of operation
Date of
What test confirmed diagnosis? clinical 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? No
If so, specify
(Signed) J. Hoef, M. D.
(Address) 620 Rogers Bldg

