

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.

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

Do not use this space.

28688

SEP 13 1934

1. PLACE OF DEATH

County Clay
Township Clinton
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No. 101
Registered No. _____
St. _____ Ward _____

2. FULL NAME Bernard Rosen

(a) Residence, No. _____ 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? Don't know yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 10 7

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

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) W. P. Gerhardt 3419 Pass Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE Aug 16 1934

19. UNDERTAKER (ADDRESS) S. L. White, Excelsior Springs, Mo.

20. FILED 8-16-1934 Mr. Red McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1932 to 8-14-1934
I last saw him alive on 8-14-1934 Death is said to have occurred on the date stated above, at 5-9 m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 1932
General Debility 1932

Name of operation none 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? no 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 1

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify _____
(Signed) H. J. Clark, M. D.
(Address) Excelsior Springs, Mo.

Handwritten notes, possibly including the number 1000.

Vertical handwritten text, possibly a date or reference number.

Vertical handwritten text, possibly a date or reference number.

Vertical handwritten text, possibly a date or reference number.

Vertical handwritten text, possibly a date or reference number.

Vertical handwritten text, possibly a date or reference number.