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

OCT 17 1934

Do not use this space.

32893

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1004 — File No.
Township Kaw — Primary Registration District No. — Registered No. 4230
City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Bertha Ettleman

(a) Residence, No. 2017 E 34th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe — 4. COLOR OR RACE Wh. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE — YEARS 66 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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) Russia

FATHER
13. NAME Morris Rosen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Mollie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Samuel Ettleman 2017 E 34th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield DATE 9-18-1934

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home City

20. FILED 9-17-1934 W. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Sept 17, 1934
I last saw her alive on Sept 17, 1934. Death is said to have occurred on the date stated above, at 800 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	9/14/34
116C	
122B	
123B	

46

Other contributory causes of importance:
Cancer of sigmoid ?

Name of operation Colostomy Date of 9/15/34
What test confirmed diagnosis? Operation 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?
Here specify
(Signed) Solomon S. Tarson M. D.
(Address) 1731 Professional Bldg

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