

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

Do not use this space.

OCT 17 1934

32910

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Keaw Primary Registration District No. 100v
 City Kansas City (No. Memorial Hospital) St. _____ Ward _____

File No. 4047
 Registered No. 1281

2. FULL NAME

Louis Benjamin
 (a) Residence, No. Commerce Hotel 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. 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49

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

13. NAME Moses Benjamin

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

15. MAIDEN NAME Emma Rosenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Sam Benjamin
 (ADDRESS) Hayfield Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation new corner DATE Sept 18 1934

19. UNDERTAKER Davidson
 (ADDRESS) 3024 Forest

20. FILED 9-18-34 1934 M. M. Carroll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1934
 22. I HEREBY CERTIFY, That I attended deceased from March 20 1934 to Sept. 17 1934
 I last saw h. m. alive on Sept. 17 1934 Death is said to have occurred on the date stated above, at 11:00 A. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Bladder
51
51
132
130
 Other contributory causes of importance:
Nephros. pneumonia
Hypostatic pneumonia

Name of operation Cystectomy Date of 10/11/34
 What test confirmed diagnosis? urine Was there an autopsy? yes

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 _____
 (Signed) A. H. Coe M. D.
 (Address) 625 Maple Blk

WRITE PLAINLY, WITH UNFAADING 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.

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 1-2-2

Dr. Casen
Prof. Bly