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.

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 35298
Township Primary Registration District No. 1001 Registered No. 1181
City St. Joseph, (No. 415 North 6th. St. Ward)

2. FULL NAME Meyer Kahn,
(a) Residence, No. 415 North 6th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W Single.
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) June 15, 1869
7. AGE YEARS 65 MONTHS 4 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant,
10. Date deceased last worked at this occupation (month and year) [illegible]
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER
13. NAME Aaron Kahn,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER
15. MAIDEN NAME Henrietta Schiff,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Maryland,

17. INFORMANT (ADDRESS) Mrs. Helen Loeb 415 North 6th. Street.
18. BURIAL, CREMATION, OR REMOVAL PLACE Adath Joseph Cem. DATE Oct. 26th, 1934
19. UNDERTAKER (ADDRESS) Heaton-Begole-Bowman 519 So. 10th. St. Funeral Home
20. FILED OCT 25 1934 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7th, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to 10-25, 1934
I last saw him alive on 10-25, 1934 Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	
Coronary Sclerosis	?
Myocarditis Chr	1
930	
930	
948	

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Fundus Was there an autopsy? no

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) 301 Pol Bldg

100M-11-24-33