NOV 13 1934

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

Do not use this space.

36193

File No. .....
Registered No. 4695

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Race — Primary Registration District No. 1002
City Kansas City (No. Memorial Hosp. St. ..... Ward)

2. FULL NAME Harry Katzeff
(a) Residence, No. 3408 Cleveland 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Fannie Katzeff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE: Years 64 — 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. Bread
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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 Benj. Katzeff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

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

17. INFORMANT (ADDRESS) Ben Katzeff 3423 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cem. DATE 10-23- 1934

19. UNDERTAKER (ADDRESS) W. L. Lewis Funeral Home 3400 Woodland

20. FILED 10/23, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934, to Oct 22, 1934
I last saw him alive on Oct 21, 1934. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1a VB	
1b Gastric Hernia into the Esophageal hiatus.	

Other contributory causes of importance:
Edema of the Brain

Name of operation none Date of —
What test confirmed diagnosis? X-ray & fl. 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? No.
If so, specify .....
(Signed) Victor Henry Bergmann, M. D.
(Address) 818 Professional Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD