

JAN 14 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42056

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo.(No. Mo. Meth. Hosp.)

File No.

Registered No. 1000

St.

Ward

2. FULL NAME Robin Agranoff(a) Residence, No. 817 1/2 S. 8th.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 12 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Hebrew

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Esther Agranoff

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

About 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

71Unknown

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

Rabbi

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

12/07/19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lepch Russia.

FATHER

13. NAME

Aley Agranoff

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

Unknown Russia

MOTHER

15. MAIDEN NAME

Yetta Agranoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Russia

17. INFORMANT (ADDRESS)

Meyer Agranoff 812 S. 11th.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sharre SholemDATE Dec. 23, 1934

19. UNDERTAKER (ADDRESS)

Fleeman Mortuary, Inc. 1946 Colthoupe St.

20. FILED

12-1319 34John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, nd. 193422. I HEREBY CERTIFY, That I attended deceased from 12/22/34 to 12/22/34, 1934I last saw him alive on 12/22/34, 1934 Death is saidto have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Pulmonary DiseaseOther contributory causes of importance: ProstaticName of operation Prostatectomy Date of 12/22/34What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 12/22/34Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) John R. Bender, M. D.(Address) 1946 Colthoupe St.

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