DEC 8

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

Do not use this space.

42924

File No.
Registered No. 50078

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1005
City Kansas City (No. Memorial Hosp. St. Ward)

2. FULL NAME Henry Goldblatt
(a) Residence, No. 3618 Bellefontaine Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
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 Etta Goldblatt

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

7. AGE: Years 70 | 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. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool + Supply
10. Date deceased last worked at this occupation (month and year) 15 years ago
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT L. D. Goldblatt
(ADDRESS) 3415 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 12-10-1934

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

20. FILED 12/10, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1934, to Dec 7, 1934
I last saw him alive on Dec 7, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1a 145 Broncho-pneumonia	Nov 25
1b 1078	
1c 1000	
Other contributory causes of importance:	
Old coronary occlusion	1/2 yr ago
Kidney inefficiency	1 yr ago

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy?

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) A. Morris Sussman, M. D.
(Address) 724 Argyle Blvd

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.

441 W59th
9:15

3618 Bell
9:30