

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.

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

Do not use this space.

5604

1. PLACE OF DEATH

County Jackson  
Township Franklin  
City Kansas City (No. Minorah 72asp.)

Registration District No. 399  
Primary Registration District No. 1007

File No. 820  
Registered No. 820  
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 577 Forest St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
about 89

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.  
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

13. NAME Joseph Aaron

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

15. MAIDEN NAME unknown

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

17. INFORMANT Harry Aaron  
(ADDRESS) 4425 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Shufeld Cem. DATE Feb. 28 1935

19. UNDERTAKER P. Louis Funeral Home  
(ADDRESS) 27 1/2

20. FILED 27 1/2 1935 M. M. Brown  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1935, to Feb 27 1935

I last saw him alive on Feb 27 1935. Death is said

to have occurred on the date stated above, at Mo.

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

arteriosclerosis, hypertension Date of onset

Arteriosclerosis, hypertension

9321

Other contributory causes of importance:

old age

Name of operation none Date of none

What test confirmed diagnosis? clinical 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 none 1935

Where 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) D. H. Brown M. D.

(Address) 4610 Tupper St.

to Drury  
P. 17.