

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

Do not use this space.

APR 26 1935

9268

**1. PLACE OF DEATH**

County Jackson  
 Township Howe  
 City Kansas City

Registration District No. 399  
 Primary Registration District No. 1003  
 (No. 2817 Troost Avenue)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frederick L. Kaufman

(a) Residence, No. 2817 Troost Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 4 12

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) Weston Missouri

13. NAME Frederick L. Kaufman

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

15. MAIDEN NAME No information

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

17. INFORMANT (ADDRESS) J. H. Harrison 2817 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Troost Hill Cemetery DATE March 23, 1935

19. UNDERTAKER (ADDRESS) Thist & Mc Cleary 3235 Gillham Bldg

20. FILED 3-21-35 M. M. Crowe, reg Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to March 21, 1935

I last saw him alive on March 17, 1935. Death is said to have occurred on the date stated above, at A. m. 1:30

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

Anemia of brain due to Arteriosclerosis gradually declined result to sleep. Date of onset 131

Other contributory causes of importance: Myocarditis, Nephritis & Arterio Sclerosis Coronal hemorrhage Dec 19 29 Jan 1-1935

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\_\_\_\_

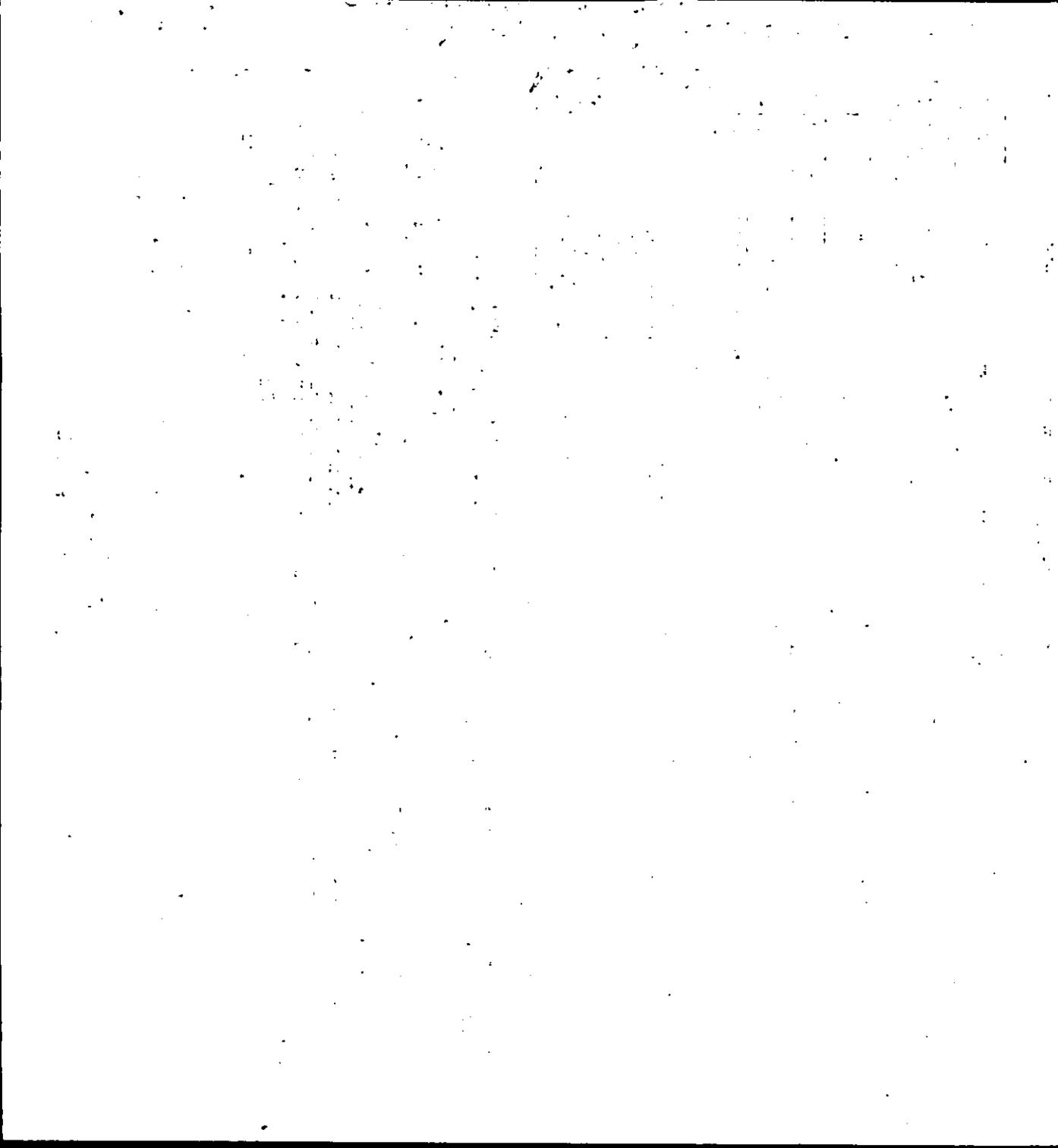
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) C. B. Merriam, M. D.  
 (Address) 1318 Bryant 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.



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JUN 7 1935

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CERTIFICATE OF DEATH

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ALL INFORMATION OBTAINED FROM THIS DOCUMENT IS UNCLASSIFIED  
DATE 10/15/2010 BY 60322 UCBAW/SUPPLEMENTARY

1. PLACE OF DEATH

City Jackson  
Township.....  
City..... (No. ....) St. .... Ward.....

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 1218

2. FULL NAME

Frederick L. Kaufman

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 4 12

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 37 21 35 M. M. Cerow Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

nephritis - Chronic

Other contributory causes of importance:

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? .....

If so, specify .....  
(Signed) E. S. Merriam, M. D.  
(Address) 1218 Bryant Bldg

MAY 16 1936

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