

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.

APR 19 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2092
City Joplin (No. Keystone Hotel) St. Mo. Ward

File No. 9546

2. FULL NAME

(a) Residence, No. Keystone Hotel St. Mo. Ward. Denver, Colo.
(Usual place of abode) (If nonresident, give city of 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 Jennie Bershof

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Month unknown 1879

7. AGE (YEARS) MONTHS DAYS If LESS than 1 day, hrs. min.
56 unknown unknown

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

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

MOTHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Maurice Bershof

18. BURIAL, CREMATION, OR REMOVAL Denver, Colo.

PLACE Removal DATE March 16, 1935

19. UNDERTAKER Pamphlet Mortuary

20. FILED 3-27-35 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1935 to Mar 16 1935

I last saw him live on Mar 16 1935 Death is said to have occurred on the date stated above, at Keystone Hotel

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

Diagnosed by his own hand, by taking Eubolol acid

Other contributory causes of importance:

163

Name of operation L Date of L

What test confirmed diagnosis? L Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 3-16-35

Where did injury occur? Keystone Hotel Joplin, Mo. (Specify city or town, county, and State)

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

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? L

If so, specify L

(Signed) W. J. Fogarty, M. D.

(Address) Joplin, Mo.

