

AUG 20 1935

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

Do not use this space.

23159

## 1. PLACE OF DEATH

County JacksonRegistration District No. 309Township WrayPrimary Registration District No. 1008City Kansas City(No. Memorial Hospital)

File No. ....

Registered No. ....

St. 20th St. Ward2. FULL NAME Justus Rosentock(a) Residence, No. 1236 W. 61st Terrace Ward. ....

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Rosentock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2, 1898</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>11</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Livestock</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Broker</u>	
	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) <u>Germany</u>		
MOTHER	13. NAME <u>Elias Rosentock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Bertha Mahf</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>E. Rosentock</u> (ADDRESS) <u>1236 W. 61st Terrace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>July 19, 1935</u>		
19. UNDERTAKER <u>Carroll Davidson &amp; Co.</u> (ADDRESS) <u>30247 North Ave</u>		
20. FILED <u>7-19</u> , 19 <u>35</u> <u>M. M. Crowe, Jr.</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935, to July 19, 1935.  
I last saw her alive on July 19, 1935. Death is said to have occurred on the date stated above, at 7 A. M.  
The principal cause of death and related causes of importance were as follows:  
Staphylococcus haemolyticus  
pytonitis  
14 days  
Date of onset

Other contributory causes of importance:  
appendicitis  
July 13 - 1935  
acute appendicitis

Name of operation appendectomy Date of July 17  
What test confirmed diagnosis? Chl. exam. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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 None  
(Signed) Franklin W. ..., M. D.  
(Address) 928 Ogden St.  
Kansas City

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.

