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.

SEP 25 1935

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

Do not use this space.

26399

1. PLACE OF DEATH
County Jackson — Registration District No. 391 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 3209 Olive St. Ward)

2. FULL NAME Anna Dora Peltzman
(a) Residence, No. 3209 Olive 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 Fe
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 Joseph Peltzman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1858
7. AGE YEARS 77 MONTHS 4 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Julius Zimmerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

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

17. INFORMANT (ADDRESS) J Peltzman Cath

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE 8-7- 1935

19. UNDERTAKER (ADDRESS) J. H. Louis Funeral Home City

20. FILED 8/7, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to Aug. 6, 1935
I last saw her alive on Aug. 6, 1935 Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright disease	3 years ago
Malignant hypertension	
arteriosclerosis of brain	

Other contributory causes of importance:

uraemia / 3 /	Aug. 4, 35

Name of operation nm Date of ~
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? ~ 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) J. J. Wolf, M. D.
(Address) 620 Argyle Bldg.