

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

Do not use this space.

31930

NOV 18 1935

1. PLACE OF DEATH

County... Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City... St. Joseph, Mo. (No. St. Joseph's Hosptl. St. Ward)

File No.....
Registered No. 1076

2. FULL NAME Max Kelner

(a) Residence, No. 314 South Sixth St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Rose Kelner				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1877				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	-	-	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Poland			
	13. NAME Unknown			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown			
	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown			
17. INFORMANT Mrs. Rosa Kelner (ADDRESS) St. Joseph, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE B'Nai Yaakov DATE 10/21/1935				
19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS)				
20. FILED 10-21-1935 John R. Bender Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to Oct 19, 1935. I last saw him alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 8 a.m. The principal cause of death and related causes of importance were as follows:
Strangulated Hernia
Date of onset

Other contributory causes of importance:

Name of operation Hernioplasty Date of Oct 15
What test confirmed diagnosis? 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) W. Saperstein, M. D.
(Address) 620 Francis

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.

