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

Do not use this space.

36113

File No.
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kans
City: Kansas City (No. Memorial Hospital St. 4107 Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Sidney J Grossman
(a) Residence, No. 5225 Rockhill Rd 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City, Mo.

FATHER
13. NAME Sidney Grossman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City N.Y.

MOTHER
15. MAIDEN NAME Emelie Greenman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Sidney Grossman 5225 Rockhill Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Nov. 15 1935

19. UNDERTAKER (ADDRESS) Carroll-Davidson Lund Co. 3024 Troost Ave

20. FILED 11-14 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1935 to Nov 13 1935
I last saw him alive on Nov 13 1935. Death is said to have occurred on the date stated above, at 7.50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumothorax	Nov 12
Atelectasis	Simultaneous

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? yes

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) Phillip J. Nelson, M. D.
(Address) 405 Argyle 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD