

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

Do not use this space.

36147

DEC 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City (No. KC General Hosp) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Keeping St Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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) 8-12-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>2</u>	<u>14</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry work
 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) Rumania

13. NAME Lenie Daggan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rumania

15. MAIDEN NAME Unknown

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

17. INFORMANT Peura Clerk
 (ADDRESS) 200 Gen Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 11-19-35

19. UNDERTAKER Peter B. Sapetig
 (ADDRESS) 536 Campbell

20. FILED Nov. 18 1935 Registrar M. M. Jarman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1935 to 11-1 1935

I last saw him alive on 11-1 1935. Death is said to have occurred on the date stated above, at 10:30 PM

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

Ameloid Dysentery; liver abscess; Right pyothorax; Atelectasis right lung;

Other contributory causes of importance: Left Bronchopneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

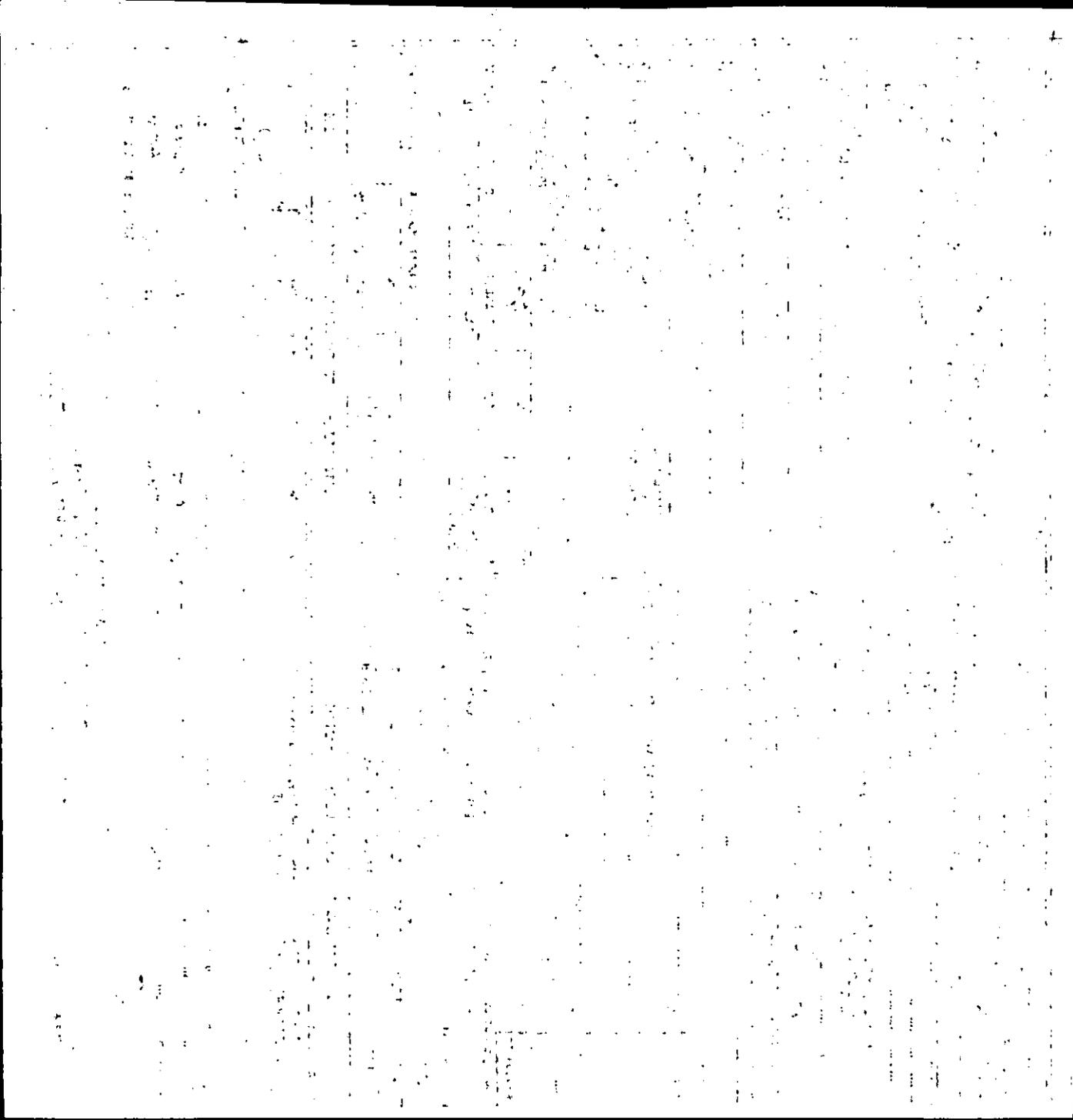
23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) J. J. Gennett M. D.
 (Address) 200 Gen Hospital



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

ALL INFORMATION ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township _____ Primary Registration District No. 1002
 City Kansas City (No. _____, _____ St. _____ Ward)

File No. _____
 Registered No. 4372

2. FULL NAME Niel Dagan

(a) Residence, No. _____ 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 2 14

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

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 11/18 1935 In. Dr. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 1 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

lung abscess (amylase)

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) G. H. Jennett, M. D.

(Address) Kansas City

SUPPLEMENTARY

130

S-36147

REPRODUCED