

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

Do not use this space.

FEB 20 1936

1603

1. PLACE OF DEATH

County Jackson  
Township Kearney  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Morgan Hotel 315 W 9)

File No. \_\_\_\_\_  
Registered No. 457  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Joseph A. Kleinman  
(Usual place of abode) 5706 Woodland Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27 1936

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

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Deputy Coroner  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 12 - 1889

to have occurred on the date stated above, at am.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46 10 15 16

Suicide by hanging  
Date of onset \_\_\_\_\_

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Taylor O. Co.

10. Date deceased last worked at this occupation (month and year) Jan - 1936 11. Total time (years) spent in this occupation 30

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY  
(STATE OR COUNTRY) MISSOURI

13. NAME Ferdinand Kleinman

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) \_\_\_\_\_

23. If death was due to external cause (accident, violence), fill in also the following: Accident, suicide, or homicide. Date of injury \_\_\_\_\_

Where did injury occur 310 W 9th St  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Cecil Kleinman  
(ADDRESS) 5706 Woodland

Manner of injury Winged self

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARYS DATE Jan - 30, 1936

19. UNDERTAKER Henry Overman & Sons  
(ADDRESS) Kansas City - Mo

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

20. FILED 1/29 1936 M. M. Brown  
Registrar.

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

Exact statement of OCCUPATION is very important.

