

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.

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

Do not use this space.

MAR 21 1936

6164

1. PLACE OF DEATH

County Jackson
Township Rain
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. 1620 Mc Gee

File No. _____
Registered No. 983
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1620 Mc Gee 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 2, 1897
7. AGE YEARS 38 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (month and year) _____ If Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

13. NAME Samuel H. Lewent

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

15. MAIDEN NAME Hannah Winnig

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

17. INFORMANT J. S. Severe (ADDRESS) 5510 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Feb 24, 1936

19. UNDERTAKER Carroll Davidson and Co. (ADDRESS) 3024 1/2 West Ave

20. FILED 7/24 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23/36
22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance were as follows:

Chronic thrombosis
Chronic pyeloidial infections
Date of onset _____

Other contributory causes of importance: 930

Name of operation _____ Date _____
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) _____, M. D.
(Address) _____

