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.

APR 23 1936

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

Do not use this space.

11039

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1716
City Kansas City (No. 219 E - 46th St. Ward)

2. FULL NAME Mrs Bertha Goldfisch
(a) Residence, No. 219 E - 46th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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: Phillip A Goldfisch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb - 18 1891

7. AGE: YEARS 45 — MONTHS 1 — DAYS 11 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Wisconsin

FATHER
13. NAME: Fred Jannke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Philip A Goldfisch 219 E - 46th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah DATE: ~~Mch~~ Apr 1 31, 1936

19. UNDERTAKER (ADDRESS): Dwyer Newcomer's Sons Kansas City - Mo.

20. FILED: Mch 30, 1936 M. M. Grove
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch - 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1934, to Mar 29, 1936
I last saw her alive on Mar 29, 1936 Death is said to have occurred on the date stated above, at 12 12 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | |
| 46 | |

Other contributory causes of importance:
Metastases

Name of operation: gastric resection Date of 4/23/1934
What test confirmed diagnosis? lab + ray 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) Delan G. Williams, M. D.
(Address) 80 E Prof Bldg.

806 Professional Bldg

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