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.

MAY 19 1936

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

Do not use this space.

15369

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1301 E. Armour St. Ward)

File No. 2087
Registered No.

2. FULL NAME Elam C Hersh
(a) Residence, No. 1301 E Armour St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred About 40 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alma Hersh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont Know
7. AGE: About 64 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Office Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Armour + Co
10. Date deceased last worked at this occupation (month and year): Oct - 35
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lancaster PA

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT (ADDRESS): Ethel Jean Peek 500 Knickerbocker
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Apr-20 1936
19. UNDERTAKER (ADDRESS): W. W. New Comers Sons Kansas City-Mo.
20. FILED Apr 20, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr - 19, 1936
22. I HEREBY CERTIFY, That I attended deceased from Hypertyp Crown, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hemiplegia	
82 a	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Inspection 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) [signature], M. D.
(Address) [signature]