

JUN 17 1936

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

Do not use this space.

18671

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 85
Primary Registration District No. 1001
(No. 2310 S. 6TH. St. Ward)

File No.
Registered No. 761

2. FULL NAME MINNIE RABICOFF

(a) Residence, No. 2310 S. 6TH. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

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

7. AGE YEARS 58 MONTHS ? DAYS ? If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) ROMAN I.A

13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS. J. HOCKMAN 2310 S. 6TH.

18. BURIAL, CREMATION, OR REMOVAL PLACE SHARRE SHOLEM DATE MAY 31, 1936

19. UNDERTAKER (ADDRESS) 1946 FLEEMAN & SON, INC. CALHOUN ST. JOSEPH MO.

20. FILED June 1, 1936 Ag Nettles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 30TH, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1936 to May 30, 1936

I last saw him alive on May 26 Death is said to have occurred on the date stated above, at 1:35 p.m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Arteriosclerosis general
Renal insufficiency
None
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 , 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? Yes
If so, specify
(Signed) Ag Nettles, M. D.
(Address)

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.

