

AUG 10 1936

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

Do not use this space.

26885

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Kear

Primary Registration District No. _____

City Kansas City(No. Memorial Hosp.)

File No. _____

Registered No. _____

St. 3557 Ward _____

2. FULL NAME

(a) Residence, No. 3760 Wayne St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Rosenberg6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>4</u>	<u>21</u>	

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) Poland13. NAME Louis Cohen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland15. MAIDEN NAME Leah Kapin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland17. INFORMANT Wm Rosenberg
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheffield Cem DATE 7-30-193619. UNDERTAKER J.P. Louis Funeral Home
(ADDRESS) 3700 Woodland Ave20. FILED July 30, 1936 M. M. Crowe, registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-193622. I HEREBY CERTIFY, That I attended deceased from 7-27 ¹⁹³⁶ to 7-29 ¹⁹³⁶I last saw her alive on 7-29 ¹⁹³⁶ Death is said to have occurred on the date stated above, at HOP.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Chr. Myocarditis
with Hypertension
Chr. Cholecystitis

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
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? no

If so, specify _____

(Signed) J. M. Brown, M. D.
(Address) 204 E 12 st.

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.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the subject of the above-captioned matter.
 The Bureau of Land Management has advised that the
 land described in the above-captioned matter is
 owned by the United States of America, and is
 located in the State of California, County of
 San Diego, and is more particularly described
 as follows:

BLM
 /

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 26885

Township Jackson

Primary Registration District No. 1002

Registered No. 3557

City Kansas City (No. 1002)

St. Mercuriah Ward Wasp

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3766 Wayne St. _____

Ward _____

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (Use the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>59</u>	<u>4</u>	<u>21</u>	

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

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)

MOTHER / FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS)

20. Filed July 30 1936 W. B. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Chr. Myocarditis
with Nephritis
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) J. B. Brown M. D.

(Address) 304 E. 12th St.

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.

5-26885