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.

SEP 29 1936

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

Do not use this space.

31033

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 3332
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSAS CITY (No. (MENORAH HOSP.) St. Ward)

2. FULL NAME ANNA GREENBERG
(a) Residence, No. 3417 BENTON BLVD 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: FEMALE
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 JACOB M. GREENBERG

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

7. AGE — YEARS: 70 — 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. 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) POLAND

FATHER
13. NAME YISRSHEL RATEFSKY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

MOTHER
15. MAIDEN NAME FRUME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

17. INFORMANT (ADDRESS) SAM GREENBERG 449 W 67 KCMO.

18. BURIAL, CREMATION, OR REMOVAL, PLACE MT CARMEL DATE Aug 19 1936

19. UNDERTAKER (ADDRESS) J. P. LOUIS FUNERAL HOME 3400 WOODLAND AVE. KCMO.

20. FILED 8/18 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to Aug 18, 1936
I last saw her alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pylorus of stomach	
40	

Other contributory causes of importance:
Acute heart failure

Name of operation Gastro-Enterostomy Date of
What test confirmed diagnosis? Was there an autopsy? 8/7/36

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) 1610 Professional