FEB 17 1937

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

Do not use this space.

1301

File No. [illegible]

Registered No. 92

1. PLACE OF DEATH

County Jackson — Registration District No. 899

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 1112 W. 41st St. Ward)

2. FULL NAME Bertha Dworkowitz

(a) Residence, No. 1112 W. 41st 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 F

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1891

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
45	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk in Bk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

FATHER

13. NAME Louis Dworkowitz

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

MOTHER

15. MAIDEN NAME Annie Seigel

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

17. INFORMANT Harry Dworkowitz (ADDRESS) 4034 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Cem DATE 1- , 19

19. UNDERTAKER L. P. Louis Funeral Home (ADDRESS) K. C. Mo.

20. FILED 1-7, 1937 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 to ..., 19 Dynity Crime

I last saw h... alive on ..., 19 6 P. 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:

	Date of onset
Papillary Carcinoma of the ovary	

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) ..., M. D.

(Address)