

FEB 25 1937

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

Do not use this space.

1376

1. PLACE OF DEATH

48 County Jackson Registration District No. 399
10 Township Kaw Primary Registration District No. 1002
7 City Kansas City (No. 3130, Fuclid 9)

File No. 5-107
Registered No. 107
St. _____ Ward _____

2. FULL NAME

Anna Moskowitz
(a) Residence, No. 3130 Fuclid St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maritz Moskowitz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 76 MONTHS - DAYS - IF LESS than 1 day, _____ hrs. or _____ min.
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. 267
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary
13. NAME Jacob Altman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
17. INFORMANT Meyer Moskowitz (ADDRESS) City
18. BURIAL, CREMATION, OR REMOVAL PLACE Shetfield Cem DATE 1-11-1937
19. UNDERTAKER S. F. Lewis Funeral Home (ADDRESS) City
20. FILED Jan 11, 1937 H. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1937
22. I HEREBY CERTIFY, That I attended deceased from 1/10/37 to 1/10/37
I last saw her alive on 1/10/37 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 1/9/37
Other contributory causes of importance:
Myocardium

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
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) W. H. [Signature] M. D.
(Address) 925 Maple Bluff

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.

WHITE PRINT WITH OMPADING INK—THIS IS A PERMANENT RECORD

