

MAR 13 1937

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

Do not use this space.

6192

## 1. PLACE OF DEATH

County Jackson  
Township Kan  
City Kansas City (No. Menarrah Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 5010  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 7720 Warner Pl 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
26 2 3

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) New York (STATE OR COUNTRY) New York

13. NAME Samuel Treffman

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

15. MAIDEN NAME Yetta

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

17. INFORMANT Samuel Treffman (ADDRESS) 4446 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cem DATE Feb. 1, 1937

19. UNDERTAKER J. P. Phoyis Funeral Home (ADDRESS) 2-16

20. FILED 7/1 37 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937 to Jan 29 1937  
I last saw h. Jan 28 alive on Jan 28 1937 Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Periparturient septicaemia  
(gas bacillus) 1-26-37

Other contributory causes of importance:

Post-partum hemorrhage

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? No  
If so, specify \_\_\_\_\_

(Signed) J. H. Schaefer, M. D.  
(Address) 1405 Bryant Bldg.

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.

