FEB 27 1937

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

Do not use this space.

File No. 6506

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1007

City Kansas City (No. Menorah Hosp. St. Ward)

2. FULL NAME Abraham D. Achtenberg

(a) Residence, No. 3628 Pasea St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Hannah Achtenberg

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

7. AGE: Years 81 — 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.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Realestate
10. Date deceased last worked at this occupation (month and year): 9-32
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Romania

FATHER

13. NAME: Nathan Achtenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Romania

MOTHER

15. MAIDEN NAME: Reva Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Romania

17. INFORMANT (ADDRESS): B. M. Achtenberg 1301 Armour

18. BURIAL, CREMATION, OR REMOVAL: PLACE St. Joseph, Mo. DATE 2-18-1937

19. UNDERTAKER (ADDRESS): J. P. Lewis Funeral Home

20. FILED 2/18 1937 M M Groome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1937, to Feb. 16, 1937. I last saw him alive on Feb. 16, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

	Date of onset
Fracture of hip	Jan. 19
Bronchopneumonia	Feb. 13

Other contributory causes of importance:

myocardial degeneration of heart; hypertension	Some years

Name of operation: none Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? no

X Ray

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident, hip Date of injury Jan. 19, 1937

Where did injury occur? 3628 Pasea (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury: Fall on floor

Nature of injury: fracture of hip (extracapsular)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. Jackson, M. D.

(Address) 620 Brady 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Angyle J. Wolfe
Vi 2692

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