

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

Do not use this space.

MAY 18 1937

15820

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 55
Primary Registration District No. 1
(No) SAINTS JOSEPH HOSPITAL

File No. 8
Registered No. 532
St. _____ Ward _____

2. FULL NAME

HARRY RESHIN

(a) Residence, No. 924 SOUTH NINTH STREET, St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred UNKNOWN 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 HUSBAND OF ROSE RESHIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 UNKNOWN UNKNOWN

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. METAL DEALER
10. Date deceased last worked at this occupation (month and year) UNK. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN RUSSIA

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN RUSSIA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN RUSSIA

17. INFORMANT (ADDRESS) ROSE RESHIN, WIFE
924 S. 9TH ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE BUR. YAROU DATE MAY 3, 1937

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC.
1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED MAY 3 1937 A. H. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY THIRD, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1937 to May 3, 1937
I last saw h. i. m. alive on May 3, 1937 Death is said to have occurred on the date stated above, at 1:20 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypertension

Other contributory causes of importance: AP

Name of operation _____ Date of _____
What test confirmed diagnosis? Colu 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) W. H. H. H., M. D.
(Address) 620 Francis

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.

