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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson JUL 10 1937 Registration District No. 379 File No. 22973
Township Kaw Primary Registration District No. 1002 Registered No. 2379
City K. C. Mo. (No. 300, W. Armour 2 St. Ward)

2. FULL NAME Miss Gertrude Justine Kaufman
(a) Residence, No. 300 W. Armour St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1889
7. AGE YEARS 48 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. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gift Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Fred C. Kaufman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N.Y.

MOTHER
15. MAIDEN NAME Sophia B. Mueller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT (ADDRESS) Ralph Kaufman 205 Brush Creek Blvd
18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE June 30, 1937
19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood
20. FILED 6/29, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nephritis Chronic, 19
I last saw h alive on 6/30 19 Death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:
Arising injury of the Chest
Bilateral hemothorax
Date of onset
Other contributory causes of importance:
169 W
Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/28 19
Where did injury occur? 300 W Armour Kaw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Temporal out of 7th story window
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]