

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C.

Registration District No. 399
Primary Registration District No. 1007
(No. 1916 Montgall

File No. 26421
Registered No. 500
St. _____ Ward _____

2. FULL NAME

HYMAN SAMBORSKY
(a) Residence, No. 1916 Montgall St. _____ 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 <u>MA</u>	4. COLOR OR RACE <u>WH</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MAR.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ANNA Samborsky</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>X</u>
	DAYS <u>X</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Taylor.</u>	
	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 _____	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	13. NAME <u>Morris Samborsky</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	17. INFORMANT <u>Herman Samborsky</u> (ADDRESS) <u>1916 Montgall</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chifffield</u> DATE <u>7-26-37</u>
	19. UNDERTAKER <u>H. Tegerman & Sons</u> (ADDRESS) <u>750 No. 100</u>
	20. FILED <u>July 26, 1937</u> M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY That I attended deceased from July 19, 1937, to July 25, 1937
I last saw him alive on July 27, 1937. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Suppurative heart
Disease - decompensated

Date of onset _____
95B

Other contributory causes of importance:

Bronchopneumonia
apoplexy

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) H. Tegerman M. D.(Address) 7408 Ruyell Blvd
Rock Hill, Mo

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.

