

1937 SEP 21

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

Do not use this space.

29598

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 42 Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3232
St. _____ Ward) _____

2. FULL NAME

Sidney Slotnick

(a) Residence, No. 3816 Olive St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) Feb 22 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
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) (STATE OR COUNTRY) KC Mo

13. NAME Samuel Slotnick

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

15. MAIDEN NAME Sophia

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

17. INFORMANT (ADDRESS) Reard Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods DATE 8-3-1937

19. UNDERTAKER (ADDRESS) H. Tegerman

20. FILED Aug 2 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-37

22. I HEREBY CERTIFY, That I attended deceased from 7-26-37 to 8-2-37

I last saw him alive on 8-2-37 1937 Death is said

to have occurred on the date stated above, at 5:15 am

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

Suppurated Fever

Other contributory causes of importance:

Name of operation _____ 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? _____ 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 1

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) P. De Maria M. D.
(Address) Supt. K.C. Gen. Hosp.

WRITE FULLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

