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

Do not use this space.

1. PLACE OF DEATH
County SEP 25 1937 Registration District No. 790 File No. 31804
Township Primary Registration District No. 6033a Registered No. 285
City Clayton (No. 8017 Crescent Drive St. Ward)

2. FULL NAME Yetta Diamond
(a) Residence, No. 8017 Crescent Drive St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcus P. Diamond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1874

7. AGE: YEARS 63 MONTHS 3 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Cracow Poland

FATHER
13. NAME Isaac Moses Anisfeld
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Hannah Bene Rappaport
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Dr. Jerome Diamond 8017 Crescent Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bnai Amoona DATE 8/20/37, 19

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED 8/20, 1937 Dr A J Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Aug 20, 1937
I last saw her alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus vegitans	Apr 27 1935
Hypertension	

Other contributory causes of importance:

153

Name of operation Laboratory Date of
What test confirmed diagnosis? Clinical exams 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?
If so, specify Richman
(Signed) Elma Richman, M. D.
(Address) Mo 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.