

OCT 19 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 Kear
 City Kansas City

Registration District No. 395
 Primary Registration District No. 1002
 (No. Menorah Hospital)

File No. 33404
 Registered No. 3
 St. Ward

2. FULL NAME Leah Flapan

(a) Residence, No. 2508 Olive 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND Morris Flapan
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-82.

7. AGE YEARS 55 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Russia
(STATE OR COUNTRY)13. NAME Morris Friedman14. BIRTHPLACE (CITY OR TOWN) Russia
(STATE OR COUNTRY)15. MAIDEN NAME Helen Friedman16. BIRTHPLACE (CITY OR TOWN) Russia
(STATE OR COUNTRY)17. INFORMANT Max Flapan 2700 Olive
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Ceme DATE Sept. 24 193719. UNDERTAKER H. Tigerman & Sons
(ADDRESS) 2738 Prospect20. FILED 9/24 1937 M. M. Terone
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 193722. I HEREBY CERTIFY, That I attended deceased from Sept 12 1937, to Sept 23 1937.

I last saw him alive on Sept 23 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

Myocardial infarction
Renal insufficiency
Emphysema

Other contributory causes of importance:

Renal insufficiency
Emphysema

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 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 (Signed) Arthur G. Crocker M. D.(Address) 625 Cuyler Bldg KC 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.

