

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

Do not use this space.

1. PLACE OF DEATH **DEC 20 1937**
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002 File No. 40469
 City Kansas City (No. 1002) Registered No. 5783 Ward 5783

2. FULL NAME Hannah Taubman
 (a) Residence, No. 2850 Troost St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham Taubman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>17</u>	<u>80</u>	<u>-</u>	<u>-</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Russia

13. NAME Louis Youngelson

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

15. MAIDEN NAME Pearl - Ank.

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

17. INFORMANT (ADDRESS) H. P. Taubman
Tulsa, Okla.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Joseph, Mo. DATE 11-28-1937

19. UNDERTAKER J. P. Louis Funeral Home
 (ADDRESS) 17. C. Mo.

20. FILED 11/28 37 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 - 1937, to Nov. 26 - 1937
 I last saw her alive on Nov. 26 - 1937 Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, Nephritis, Hypertensive Cardiovascular Disease

Other contributory causes of importance:
Sinistery 131

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? _____
 If so, specify _____
 (Signed) J. P. Louis, M. D.
 (Address) 325 1/2 E. 10th

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.

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