

WRITE PLAINLY, 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.

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1007  
City Kansas City (No. Kansas City General Hospital St. \_\_\_\_\_ Ward)

9903  
File No. \_\_\_\_\_  
Registered No. 1368

2. FULL NAME Anna (wolf) Dellek 4-2-0  
(a) Residence, No. 5039 Woodland Ave. 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

MEDICAL CERTIFICATE OF DEATH

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 John Dellek  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20th 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 9 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1938  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_  
I last saw h. Deputy Coroner, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Auto traumatism  
Crushing injury to face  
Other contributory causes of importance: 216 m. JZ

12. BIRTHPLACE (CITY OR TOWN) Berlin Germany  
(STATE OR COUNTRY) Germany  
13. NAME John Wolf  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)  
15. MAIDEN NAME Anna Vilcenisky  
16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

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? Accident Date of injury 3-27-38  
Where did injury occur? Prunovick, Mo.  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Emanuel Berkowitz  
(ADDRESS) 5039 Woodland Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE Mar. 31st. 1938

Manner of injury Patient riding in car involved in accident  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_  
(Signed) Walter H. Butler, M. D.  
(Address) San Diego, N.C. 100

19. UNDERTAKER Peter B. Eapetina  
(ADDRESS) Kansas City Mo.  
20. FILED Mar 30 1938 M. M. Brown  
Registrar.

Victor B. Barber  
St. Louis