

REC'D JUN 9 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 File No. 17365
 Township Kaw Primary Registration District No. 1002 Registered No. 2062
 City Kansas City No. 3925 Michigan St. _____ Ward _____

2. FULL NAME

Esreal Gorman
 (a) Residence, No. 3925 Michigan Ward _____ (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Gorman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Ap. 60 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beaibles

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 Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Jennie Gorman
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem. May 15, 1938

19. UNDERTAKER H. J. German
(ADDRESS) 2738 Prospect - 14 E. Me

20. FILED May 18, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1937 to 5/16, 1938

I last saw him alive on 5/12, 1938. Death is said to have occurred on the date stated above, at 6:30 P. m.

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

Angina Pectoris - Coronary Thrombosis Date of onset 1936

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? E. K. A. 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? no

If so, specify _____

(Signed) Paul Moss, M. D.

(Address) Baymont 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.

