

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.

JUL 12 1936

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

Do not use this space.

20959

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City W.C. No. 12th + Locust St. _____ Ward _____

2. FULL NAME Morris Labovitz
 (a) Residence, No. 1109 Armour 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.

File No. _____
Registered No. 2409
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Labovitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1907

7. AGE YEARS 59 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Poland (STATE OR COUNTRY) 9

13. NAME Harry Labovitz 9

14. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY) 9

15. MAIDEN NAME Zlata Ink.

16. BIRTHPLACE (CITY OR TOWN) Wideman (STATE OR COUNTRY) _____

17. INFORMANT Hymie Labovitz (ADDRESS) 3336 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield DATE 6-15-36

19. UNDERTAKER H. Tizeman & Sons (ADDRESS) _____

20. FILED June 15 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH 38

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1936 19 _____

22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19 _____

I last saw Deputy Coroner 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:
Coronary Thrombosis
Chronic myocardial
Infarction 93C

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Russell W. Brown M. D.
 (Address) 368

100M-1-20-36 I X7044

