

REC'D JAN 13 1939

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. 41791  
Township 11. av. Primary Registration District No. 1002 Registered No. 4857  
City Kansas City (No. St. Anthony's Hospital St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Janice G. Salkin

(a) Residence, No. St. Anthony's 237 College 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

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Female</u>                                      | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-22-38</u>       |                                  |  |
| 7. AGE   | YEARS                            | MONTHS   |
|  |                                  | <u>8</u>   |
|  |                                  | <u>22</u>  |
|  |                                  | If LESS than 1 day, .....hrs. or .....min.                                 |

|            |   |   |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>none</u>                                     |
|            | 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) Kansas City Mo

13. NAME J. W. Brown

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

15. MAIDEN NAME Alma Salkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sacred Heart Okla

17. INFORMANT (ADDRESS) Estes G. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE Dec 12 1938

19. UNDERTAKER (ADDRESS) J. W. Wagner

20. FILED Dec 12 1938 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 193822. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec 12, 1938.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Pleurisy with Effusion Date of onset 12-9-38  
Secondary to Pneumonia  
Bronchial which was  
primary. 10/10 12-9-38

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 trauma

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Joseph Conrad M. D.(Address) 11308 Waldheim Bldg

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.

