

REC'D AUG 7 1939

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

24588
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON 2 Registration District No. 399
 (b) Township KAW Primary Registration District No. 100 ✓ Registered No. 2801
 (c) City KANSAS CITY 1 (d) Street No. 1321 E 98TH TER St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1021 AARON JOSEPH BORESOW
 (a) Residence, No. 1321 E 98TH TER St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY BORESOW
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 26, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 10 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1939, 19.....
 I last saw deceased, 19..... Death is said to have occurred on the date stated above, at 7:35 A.M.
 The principal cause of death and related causes of importance were as follows:

Catholic Acid poisoning
 Date of onset 1939
 Other contributory causes of importance: 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA 7
 FATHER 13. NAME MILTON BORESOW
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA 7
 MOTHER 15. MAIDEN NAME PAULINE BILLELOUBKY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA
 17. INFORMANT A. ABRAMS
 (ADDRESS) 501 GREGORY
 18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD DATE July 12, 1939
 19. FUNERAL DIRECTOR (NAME) J.P. LUMIS FUNERAL HOME
 (ADDRESS) CITY
 20. FILED July 12, 1939 M. M. Crowe Local Registrar.

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..... Date of injury 7-11-39
 Where did injury occur.....
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Not known
 Nature of injury Not known
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) [Signature], M. D.
 (Address) San Diego, Cal. Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.