

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.

FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1225
1163
2101. PLACE OF DEATH
Jackson

County.....

Township..... Kaw

City..... Kansas City

(No.

Registration District No. 399

Primary Registration District No. 1002

Menorah Hospital

File No.

Registered No.

St.

Ward)

2. FULL NAME Nathan Nelkin

(a) Residence, No. 4008 College

St.

Ward.

(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

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

Rose

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

63

OCCUPATION

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

Merchant

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

Retired

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Poland

FATHER

13. NAME Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)Cecil Nelkin
4008 College

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheffield

DATE Jan 16

1940

19. UNDERTAKER
(ADDRESS)J. B. Louis Funeral Home
346 Woodland St. C. Mo.
M. M. Browne

20. FILED Jan 16, 1940

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1-15-1940

22. I HEREBY CERTIFY, That I attended deceased from

Jan 13th to Jan 15th, 1940I last saw him alive on Jan 15th, 1940. Death is said
to have occurred on the date stated above, at 10³⁵ P.M.

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

Chronic Hypertensive Cardio-
Renal Disease & Chronic Nephritis
Uremia
Cardiac Decompensation
Acute Pulmonary Edema

Date of onset

7

1938

Nov. 1939

1-15-40

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Nov. 130. 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

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)

(Address)

John W. Wray
Kansas City, Mo.

M. D.

