

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

Do not use this space.

7835

1. PLACE OF DEATH

County Buchanan
Towship.....
City St. Joseph. (No. 918 Lafayette St.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 770
St. Ward)

2. FULL NAME Rafful Raffelock.

(a) Residence. No. 918 Lafayette Street. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U.S., if of foreign birth? 13 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baliah Raffelock.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown About 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hebrew Teacher.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Russia.

PARENTS

10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Russia.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Russia.

14. INFORMANT Mrs Baliah Raffelock.
(Address) 918 Lafayette Street.

15. FILED 1928
John S. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1928

17. Viewed.
I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 1, 1928, (that I last saw h. him alive on March 1, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Myo Carditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Recent history

(Signed) W. Hays Coroner, M. D.

3/2, 1928 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bnai Yakovi Cemetery. Mar 2 1928

20. UNDERTAKER H.O. Sidenfader
ADDRESS 1802 Union St.

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.

1928

