

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

Do not use this space.

5411

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kau Primary Registration District No. 7-2-2
 City Kansas City (No. 42 42) Campbell

File No. _____
 Registered No. 485
 St. 6th Ward

2. FULL NAME

Charlotte Bernstein
 (a) Residence. No. 42 42 Campbell St. 6th Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>8</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Poland 20
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Hyam Bernstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pearl Rosen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Poland
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Leon Weil
 (Address) 42 42 Campbell

15. FILED 9/2 19 31 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to July 2nd, 1931 that I last saw h. or alive on July 2nd, 1931, and that death occurred, on the date stated above, at 12:40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis
12-1
85

CONTRIBUTORY (SECONDARY) Chronic Intestinal
inflammation (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Findings
 (Signed) Joseph S. Wilson M. D.

2-2-1931 (Address) 1219 Kulta Bldg.

*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 Elmwood DATE OF BURIAL July 3 1930

20. UNDERTAKER Carroll Davidson ADDRESS City

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.

