

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

Do not use this space.

19776

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. 22850
 City Kansas City (No. St. Lukes Hospt.) St. _____ Ward _____

2. FULL NAME Issac Marcus

(a) Residence, No. 714 East 8th St. 1 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 M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59

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

MOTHER 13. NAME Moses Marcus

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Weta H. Siv. (ADDRESS) Winnaha Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem DATE 6-30 1932

19. UNDERTAKER J.P. Louis Funeral Home (ADDRESS) 3400 Woodland Ave.

20. FILED 6/30 1932 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29/1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to June 29, 1932

I last saw him alive on June 28, 1932 Death is said to have occurred on the date stated above, at 3 a.m.

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

acute dilatation of heart Date of onset 2 wks
108
95B

Other contributory causes of importance: Pneumonia 1 wk

23. Name of operation ⊙ Date of _____

What test confirmed diagnosis? yes Was there an autopsy? Yes

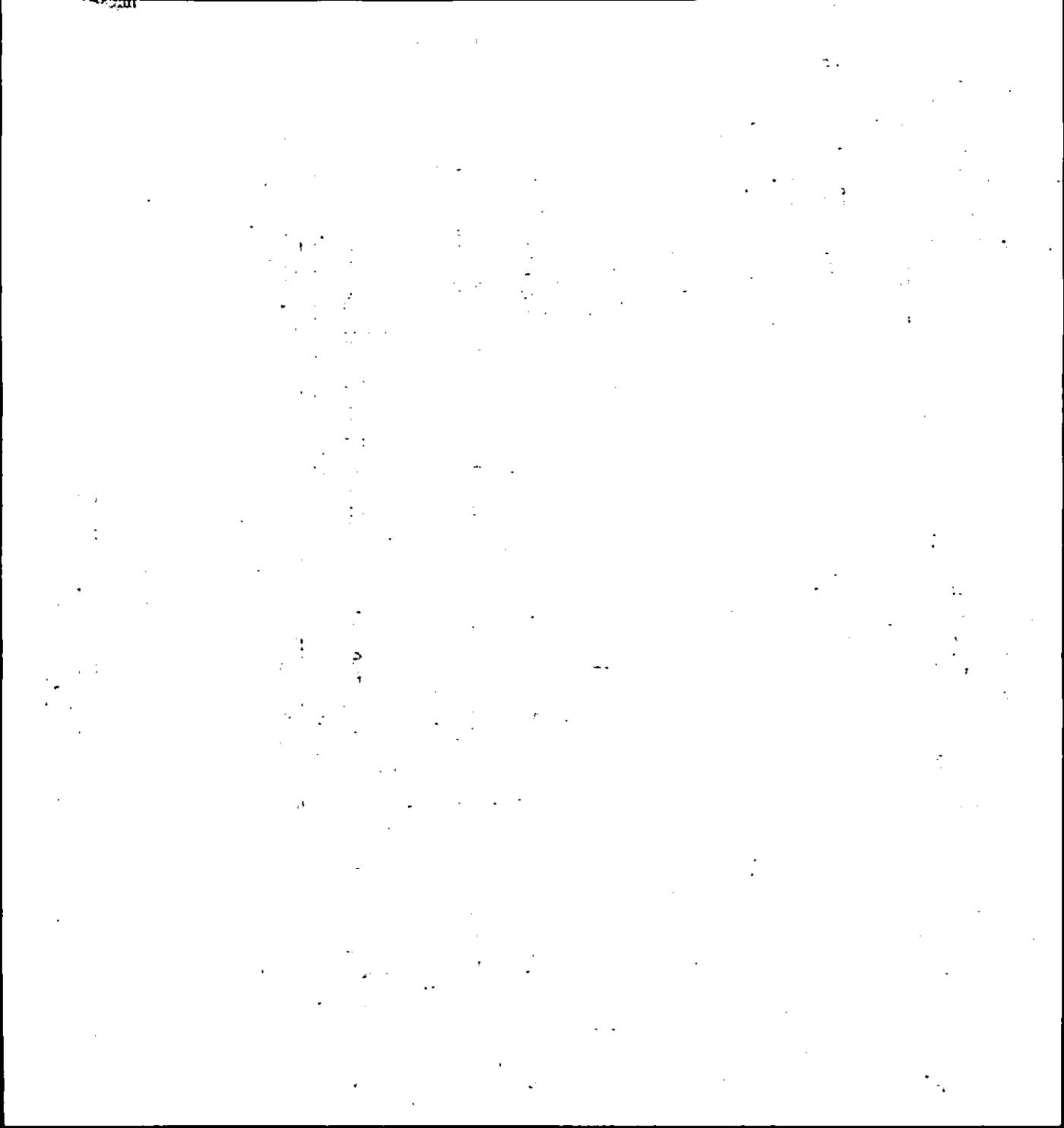
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19_____

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 _____
 Nature of injury _____

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

If so, specify Frederick A. Baldwin, M. D.
 (Signed) Kansas City, Mo.
 (Address) 317 Arroyo Blvd.



**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. *St. Luke*)

File No.....
Registered No. *2586*
St..... Ward.....

2. FULL NAME

Isaac Marcus

(a) Residence, No. *714 E 8th St* St..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-29*, 19*32*

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

I last saw h..... alive on....., 19..... Death is said

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

to have occurred on the date stated above, at..... m.

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

Acute Dilatation of Heart
108
Other contributory causes of importance:
Pneumonia labor

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

Name of operation..... Date of.....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

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

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

15. MAIDEN NAME

Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED *6/30*, 19*32* *M. M. Grove* Registrar.

(Signed) *Frederick A. Saldwin* M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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