

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

Do not use this space.

26182

1. PLACE OF DEATH

County Jackson
Township Kane
City Kansas City (No. Memorial Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 3090
Registered No. 3090
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5849 Central 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. da. How long in U. S., if of foreign birth? 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Peltzman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 7, 1908</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>	
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>
	13. NAME <u>Rube Peltzman</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	15. MAIDEN NAME <u>Jessie Viner</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Romania</u>
	17. INFORMANT (ADDRESS) <u>Rube Peltzman 2 W. 65th Street</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel Burial Home 8-12-1932</u>
	19. UNDERTAKER (ADDRESS) <u>J. P. Lewis Funeral Home K. C. Mo.</u>
	20. FILED <u>11 32 M. M. Crowe</u> <u>cash Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1932 to Aug. 11, 1932
I last saw him alive on Aug. 11, 1932 Death is said to have occurred on the date stated above, at 120 A. M.
The principal cause of death and related causes of importance were as follows:
acute osteomyelitis of lower jaw due to tooth extraction
Other contributory causes of importance:
septicemia & nephritis
infarcts of lungs
Name of operation removal of jaw Date of Aug. 9-10
What test confirmed diagnosis autopsy 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 9, 1932
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) J. W. Coy M. D.
(Address) 620 Engle

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.

