WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35784

1. PLACE OF DEATH
County Jackson — Registration District No. 3,99 — File No.
Township Kaw — Primary Registration District No. 3002 — Registered No. 4292
City Kansas City (No. 4207 Montgall St. Ward)

2. FULL NAME Louis Werbelowsky
(a) Residence, No. Kansas City, Kansas Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 72 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Merchant
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 23

FATHER
13. NAME Samuel Werbelowsky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Eva Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Henry Werby 4207 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cem DATE 11-15-1932

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home K.C. Mo.

20. FILED Nov 15 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1929, to Nov 14, 1932
I last saw him alive on Nov 13, 1932. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	January 10, 1929
KVD 8 10	
97	

Other contributory causes of importance:
Arteriosclerosis (1) Indefinite

Name of operation none Date of
What test confirmed diagnosis? General symptoms 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, 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
(Signed) George Ringel, M. D.
(Address) 507 Commerce Bldg