366

WHITE 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.

MAR 20 1935

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4451
Township — Primary Registration District No. [illegible] — Registered No. 218
City St. Joseph, (No. St. Joseph's Hosptl. St. Ward)

2. FULL NAME Mrs. Sarah Trachtman
(a) Residence, No. 510 South Sixth St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1889

7. AGE: YEARS 46 — MONTHS 1 — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Morris Leavzone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Russia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Sam. Trachtman St. Joseph

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shaare Sholem DATE Feb. 20 1935

19. UNDERTAKER (ADDRESS): Fleeman Mortuary

20. FILED 2-20 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1934 to Feb. 18 1935
I last saw her alive on Feb. 18 1935 Death is said to have occurred on the date stated above, at 2:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left lung, primary	?
Other contributory causes of importance: Carcinoma of left breast	?

Name of operation — Date of
What test confirmed diagnosis? Clin — 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) Frank E. Hardegain, M. D.
(Address) Kinnpalace Bldg.