

JUN 24 1935

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

Do not use this space.

16413

1. PLACE OF DEATH

County Jackson Registration District No. 390  
Township Face Primary Registration District No. 1002  
City Kennett (No. St. Joseph)

File No. \_\_\_\_\_  
Registered No. 1015  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 3830 Chestnut Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wht.</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>Louis Gershman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	
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.
<u>at Home</u>		
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) <u>Russia</u>		
13. NAME <u>Henry Wiseman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Yetta</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT (ADDRESS) <u>Harry Gershman</u> <u>3830 Chestnut</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel</u> DATE <u>5-5-35</u>		
19. UNDERTAKER (ADDRESS) <u>Louis Funeral</u>		
20. FILED <u>5-6</u> 19 <u>35</u> <u>am</u> <u>mm</u> <u>cc</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1934, to May 4th, 1935  
I last saw her alive on May 4th, 1935. Death is said to have occurred on the date stated above, at 6:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia  
(Terminal)  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Myocarditis  
Chronic Hepatitis  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) Joseph Betelson, M. D.  
(Address) 1219 Realts Bldg

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.

WHITE-CROWNED, WITH EXPANDING INVA... THIS IS A PERMANENT RECORD

5-22-35

