

MAY 19 1936

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

Do not use this space.

15401

1. PLACE OF DEATH

County Jackson
Township Kan.
City Kansas City (No. 3012 Gilham Rd)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 2019 Ward

2. FULL NAME

Edith Ethel Rubin

(a) Residence, No. 3012 Gilham Rd. 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

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1914</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>6</u>
	DAYS <u>13</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>None</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kansas City
Missouri

13. NAME Samuel Rubin

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

15. MAIDEN NAME Mary M. Jacobsen

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kansas City
Missouri

17. INFORMANT Samuel Rubin
(ADDRESS) 3012 Gilham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelfield Home DATE 4-22- 1936

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

20. FILED Apr 22, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20- 193622. I HEREBY CERTIFY, That I attended deceased from
Apr. 12, 1936, to Apr 20 1936I last saw h. & K. alive on Apr 20, 1936. Death is said
to have occurred on the date stated above, at 4 P. m.

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

Pleural Pneumonia Date of onset
(lobar) 10 days
agoOther contributory causes of importance:
Pleurisy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

If so, specify

(Signed) Dr. B. H. Merrifield, D.O., M.D.(Address) 3000 Charlotte St.

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.

