

JAN 19 1937

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

Do not use this space.

41530

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Blue Primary Registration District No. 1002  
City Kansas City (No. T. B. Sanitarium)

File No. \_\_\_\_\_  
Registered No. 5215  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Goldenberg-Hyles

(a) Residence No. 318 1/2 E 12th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Howard Goldenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 27 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
24 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress

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) Jackson Co. Mo.

FATHER 13. NAME Moore - Homer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

MOTHER 15. MAIDEN NAME Palmer - Florence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) K. C. J. B. Hosp - Leeds Station

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Nov 26 1936

19. UNDERTAKER (ADDRESS) Ott - Mitchell 310 Madison

20. FILED Dec 2, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct - 26, 1936 to Nov - 25, 1936

Last saw him alive on Nov - 24, 1936 Death is said to have occurred on the date stated above, at 2:45 p. m.

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

submonary tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 3

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? sputum 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 \_\_\_\_\_, 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?

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.

(Address) [Address]

WHILE FULLY, WITH UNFADING INK... HIS IS A RECOMMENDATION

N. B.—Every item of information 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.

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