JAN 17 1938

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

Do not use this space.

44277

File No. 5180
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo. (No. 3720 Park Ave. St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Joseph Mahley GREENBERG.
(a) Residence, No. 3720 Park Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Mrs Frances Greenberg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1859.

7. AGE: Years 78 | Months 0 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8yrs.
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) Philadelphia Penn.

FATHER
13. NAME Leopold Greenberg.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Mrs. Frances Greenberg 3720 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 12/24/37, 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED Dec 23 1937 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to Dec. 23, 1937
I last saw him alive on Dec. 15, 1937. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Dec. 15 1937
94 B	

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Kenneth A. Davis, M. D.
(Address) 3301 Woodland Kansas City, Mo.

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.