

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

Do not use this space.

34012  
4465

1. PLACE OF DEATH  *Mercy Hosp. Jackson*  
 County  *Jackson* Registration District No. \_\_\_\_\_  
 Township  *Kansas City Mo* Primary Registration District No. \_\_\_\_\_  
 City  *Kansas City* (No.  *Mercy Hosp.*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME  *Sherley Lerner*  
 (a) Residence. No.  *2010 N 11<sup>th</sup> ST* St.  *2* Ward.  *Kansas City, Kas.*  
 (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  *Fe.* 4. COLOR OR RACE  *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  *None*

6. DATE OF BIRTH (MONTH, DAY AND YEAR)  *April 25, 1926*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<i> 3 yrs</i>	<i> 6</i>	<i> 4</i>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  *Child.*  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)  *Kansas City Kas.*  
 (STATE OR COUNTRY)  *Kansas*

10. NAME OF FATHER  *Carl Lerner*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  *Russia*  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER  *Ida Bear.*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  *Russia*  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT  *Carl Lerner*  
 (Address)  *2010 N. 11<sup>th</sup> St.*

15. FILED  *10/29/29 M. M. Crowe*  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)  *10-29 19 29*

17. I HEREBY CERTIFY, That I attended deceased from  *Oct 20<sup>th</sup> 1929*, to  *Oct 28<sup>th</sup> 1929*, 19  *29*, that I last saw him alive on  *10-25-29*, 19  *29*, and that death occurred, on the date stated above, at  *1:50 P. M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:  
 *Pulmonary Edema & Broncho pneumonia*  
 *131*  
 *1574* (duration) yrs. mos.  *2* ds.  
 CONTRIBUTORY (SECONDARY)  *Nephrosis.* (duration)  *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  *At Home*  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH?  *no* DATE OF  *2-2-28*  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  *Lab. & Clinical*  
 (Signed)  *S. Petrus* M. D.  
 *10/29, 1929* (Address)  *Mercy Hospital*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  *Sheffield,* DATE OF BURIAL  *10-29-1929*

20. UNDERTAKER  *J. F. Lewis* ADDRESS  *Kansas City*

WRITE 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.

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