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

Do not use this space.

37244

File No. 57144
Registered No. 48-A

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Grand — Primary Registration District No. 1002
City: Kansas City (No. 3315 Olive St. 13th Ward)

2. FULL NAME: Abraham B. Adler
(a) Residence. No. 3315 Olive St., 13th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? 75 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~~: Amelia Adler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 2 1860

7. AGE: Years 69. Months 9. Days 14. If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): meats -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany -

PARENTS
10. NAME OF FATHER: Abraham Adler.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany -
12. MAIDEN NAME OF MOTHER: Sarah Liebstadter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Joseph Cohn.
(Address) 5233 Rydia.

15. FILED 11/18, 29 M. M. Conrad
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1929, to Nov 16, 1929, that I last saw h. alive on Nov 15, 1929, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

Sudden Onset (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) A. C. Cram, M. D.
11/17, 1929 (Address) 724 Argyle Bldg.

*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: Rose Hill — DATE OF BURIAL: Nov. 18 1929

20. UNDERTAKER: Julian K. Davidson — ADDRESS: 3024 Troost

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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