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.

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No. 36356
Township Hamon — Primary Registration District No. 3020 — Registered No.
City Carthage (No. , St. Ward)

2. FULL NAME Abraham Nadlman
(a) Residence, No. 6619 Pasco, Kansas City, Mo. (Usual place of abode) Ward (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 Male
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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1905
7. AGE YEARS 29 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
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) Kansas City, Missouri

FATHER
13. NAME Aaron Nadlman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Sarah Weinberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Sol Nadlman Kansas City, Mo.
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE K. C., Mo. DATE Oct. 14, 1934
19. UNDERTAKER (ADDRESS) Kulle Mortuary Carthage, Mo.
20. FILED Oct 14, 1934 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from October 13, 1934 to October 13, 1934
I last saw him alive on October 13, 1934 Death is said to have occurred on the date stated above, at 5:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of Skull R. Side	
E 10M	

Other contributory causes of importance:

210

207

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-13, 1934
Where did injury occur? 4½ mi. S. Carthage Hy. 71 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Turbulent Pit Bridge
Nature of injury Comp Tract Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. G. Hogan, M. D.
(Address) Carthage