

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

Do not use this space.

DEC 26 1935

36175

1. PLACE OF DEATH

County JACKSON
Township RAW
City KANSAS CITY (No. 3219-EAST-32ND)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 2401
St. _____ Ward _____

2. FULL NAME MRS. MYRTLE M. ADLER

(a) Residence, No. 3219-EAST-32ND St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 LOUIS J. ADLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 30-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) MILAN
(STATE OR COUNTRY) MISSOURI

13. NAME HARRISON REED

14. BIRTHPLACE (CITY OR TOWN) NORTH CAROLINA
(STATE OR COUNTRY)

15. MAIDEN NAME SARAH DUSKY

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

17. INFORMANT MR. LOUIS J. ADLER
(ADDRESS) 3219-EAST-32ND ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE NOVEMBER 21 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111-EAST-9TH ST.

20. FILED Nov. 20, 1935 M. M. Cron

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935, to Nov 18, 1935.
I last saw her alive on Nov 18, 1935. Death is said to have occurred on the date stated above, at 4:52 P.M.
The principal cause of death and related causes of importance were as follows:

Starvation due to carcinoma of the stomach, liver, and pancreas -
Date of onset 6 mo.
Other contributory causes of importance: Carcinoma of the pancreas, liver and stomach, 2 years.

Name of operation None Date of _____
What test confirmed diagnosis? Physical findings 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) J. W. Banerjee M. D.
(Address) 2605 Broadway, N.E. Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *3219-632nd*)

File No.....

Registered No. *7401*

St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.

(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 *76* 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

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

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED *Nov 20 1935 M. H. Cron* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 18 1935*

22. I HEREBY CERTIFY, That I attended deceased from

to, 19..

I last saw him alive on, 19.. Death is said

to have occurred on the date stated above, at, m.

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

Carcinoma primary Date of onset

Rectal Cancer

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) *J. W. Kausch*, M. D.

(Address) *3605 - 2nd St. K.C., Mo.*

3-36175