

AUG 24 1936

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

Do not use this space.

26537

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 4223, Agnes)

Registration District No. 399  
Primary Registration District No. 1002

File No. 32100  
Registered No. 32100  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 4223 Agnes St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sol N. Shlyen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>56</u>	MONTHS	DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	11. Total time (years) spent in this occupation
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)	

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
13. NAME <u>Solomon Feldman</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
15. MAIDEN NAME <u>Benne</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
17. INFORMANT (ADDRESS) <u>Ben Shlyen</u> <u>City</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Carmel</u> DATE <u>7-9-</u> 19 <u>36</u>
19. UNDERTAKER (ADDRESS) <u>J. P. Louis Funeral Home</u> <u>City</u>
20. FILED <u>July 9, 1936</u> <u>Th. M. Grome</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-7-</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 30</u> , 19 <u>35</u> , to <u>July 7</u> , 19 <u>36</u> . I last saw him alive on <u>July 7</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>9:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of transverse colon &amp; rectum.</u> <u>Transverse colon primary</u> Other contributory causes of importance: <u>hypertension</u> <u>hypocarditis</u> <u>46</u> Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>clinical</u> 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? <u>no</u> If so, specify _____ (Signed) <u>John J. Williams</u> , M. D. (Address) <u>806 Prof Bldg 7th Fl</u> <u>Mo.</u>

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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