SEP 29 1936

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

Do not use this space.

30979

File No. 3778

Registered No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City Mo (No. 5701, Tracy St. Ward)

2. FULL NAME Ida Yodler

(a) Residence, No. 5701 Tracy 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: Fe

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Abraham Yodler

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

7. AGE: YEARS 71. 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.: 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) (STATE OR COUNTRY): Poland

FATHER

13. NAME: Harry Yodler.

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

MOTHER

15. MAIDEN NAME: Levitt

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

17. INFORMANT (ADDRESS): Israel Yodler. 4419 Woodland KC. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem. DATE 8/16 1936

19. UNDERTAKER (ADDRESS): J.P. Louis Funeral Home - 3400 Woodland Ave.

20. FILED 8-15 1936 M.M. Crowl asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Aug 15 1936

I last saw her alive on about Aug 5 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

	Date of onset
Chr. myocarditis	
93	

Other contributory causes of importance:

Arteriosclerosis
Nephrosis

Name of operation None Date of

What test confirmed diagnosis? Clinp. Diagnosis 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) L. M. Hughes, M. D.

(Address) 23 to Doyle Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD