NOV 16 1936

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

Do not use this space.

37781

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 4636
City Kansas City (No. 6046 Swope Park Way Ward)

2. FULL NAME Mrs Jo Anna Adler
(a) Residence, No. 6046 Swope Park Wy Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 26 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August W Adler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27-1853

7. AGE: Years 83 — Months 5 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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): Howard Co Mo

FATHER
13. NAME: Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

MOTHER
15. MAIDEN NAME: Elizabeth Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

17. INFORMANT (ADDRESS): Miss Gussie Adler 6046 Swope Park Wy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higbee Mo DATE Oct-23 1936

19. UNDERTAKER (ADDRESS): Downey Comers Sons Kansas City Mo

20. FILED Oct 21 1936 M. M. Grover Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct - 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1936, to 10-20-, 1936
I last saw her alive on 10-20, 1936 Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/16

Other contributory causes of importance: age

Name of operation no — Date of no
What test confirmed diagnosis? Physical Signs — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury no, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W L Hollister, M. D.
(Address) 710 Shukert Bldg

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.

X7044

710 Shubert Bldg