

MAR 13 1937

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

Do not use this space.

6300

1. PLACE OF DEATH

County Jackson Registration District No.Township Kaw Primary Registration District No.City Kansas City (No. 422 W 11th) St. W Ward 1

File No.

Registered No.

2. FULL NAME Mrs Madeline C Rodler(a) Residence, No. 422 W 11th St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 19047. AGE YEARS 37 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) MOMOTHER FATHER 13. NAME William Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CanadaMOTHER 15. MAIDEN NAME Catherine Ross16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMANT Catherine Ricker (ADDRESS) 422 W 11th St18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Calvary DATE 7-8 193719. UNDERTAKER Carroll Bros (ADDRESS) 1416 Main St20. FILED 2-6-1937 M M Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4/37 19...22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner 19...I last saw him alive on 1/37 19... Death is said to have occurred on the date stated above, at

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

Infected abortion (self induced) Date of onsetRelieve peritonitis

Other contributory causes of importance:

Name of operation as Date of 1/40What test confirmed diagnosis specimen Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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) [Signature] M. D.(Address) [Address]

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.

