SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29832
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 1109 E Armour St. ..... Ward)

2. FULL NAME Anna Lerner
(a) Residence, No. 1109 E Armour St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Lerner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1887
7. AGE Yr 50 Months 7 Days 3 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) Romania

FATHER
13. NAME Barney Paskar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Romania

MOTHER
15. MAIDEN NAME Dina —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Romania

17. INFORMANT (ADDRESS) Sam Lerner 1109 E Armour
18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem DATE 8-18- 1937
19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home City
20. FILED Aug 20 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18- 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 18, 1937
I last saw her alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of R Breast with Metastasis	
50	

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) [signature], M. D.
(Address) 306 E 12

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.