

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 19 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
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Mehorah Hosp.)

File No. 33315
Registered No. 3700
St. _____ Ward _____

2. FULL NAME

Arthur Waldner
(a) Residence, No. 4715 Rain Bow Blvd. Bldg. H.C.K. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilma Waldner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9, 1903

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>33</u>	<u>10</u>	<u>6</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Edward Waldner

14. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY) _____

15. MAIDEN NAME Freda Cohen

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Wilma Waldner (ADDRESS) City

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffieldden DATE 9-16-37

19. UNDERTAKER J. P. Davis Funeral Home (ADDRESS) Quincy

20. FILED Sept 16, 1937 M. M. Broome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-1937

22. I HEREBY CERTIFY, That I attended deceased from December 1934 to Sept 15, 1937
I last saw him alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis
Peritonitis

25

Other contributory causes of importance: Chronic Obstruction 4 mos.

Name of operation Laparotomy Date of operation May 37
What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

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? Yes, specify

(Signed) Raciel M. Kohn, M. D.
(Address) 476 Prof. Bldg

