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.

REC'D APR 23 1938

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

Do not use this space.

File No. 9718
Registered No. 1183

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kansas — Primary Registration District No. 1007
City: K.C. (No. Menorah Hospt. St. Ward)

2. FULL NAME: Infant Schlien 450

(a) Residence, No. 2836 Main 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: Ma
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12, 1938

7. AGE: YEARS X | MONTHS X | DAYS X | If LESS than 1 day, 9 hrs. or 1 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
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): Kansas City Mo.

FATHER
13. NAME: Edward Schlien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Esther H. Goldberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K.C. Mo.

17. INFORMANT (ADDRESS): Henry Goldberg K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Carmel Cem. DATE: 3/15 1938

19. UNDERTAKER (ADDRESS): T. J. Bergman & Son 2708 Prospect

20. FILED: Mch 15 1938 M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 13, 1938
I last saw h. alive on March 13, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of the lungs	

Other contributory causes of importance:

Name of operation: Date of:
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?
If so, specify:
(Signed) J. Mestlapier, M. D.
(Address) 230 A. Wyl