

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

Do not use this space.

29357

1. PLACE OF DEATH

County Jackson Registration District No. 000
Township Kaw Primary Registration District No. 0001
City Kansas City (No. Memorial Hospital) St. _____ Ward _____

File No. _____
Registered No. 3531

2. FULL NAME

Linda Altschuler
(a) Residence, No. 5060 Sunset Drive St. 8 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adolph Altschuler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27, 1867</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>5</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2312</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phila. Pa.</u>
	13. NAME <u>Solomon Lyons</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Regina Frankel</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>Sidney Altschuler</u> <u>5060 Sunset Drive, K.C. Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edmwood</u> DATE <u>Sept. 19, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Carroll Davidson and Co</u> <u>8024 Trust Ave.</u>	
20. FILED <u>9/18, 1932</u> <u>M. M. Crowl</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1932, to 9-16, 1932.
I last saw her alive on 9-16, 1932. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
Obstruction non-malignant
(Adhesive bands)
460
Date of onset 4 days

Other contributory causes of importance:
Carcinoma sigmoid, resected
Nov. 1931. Recurrence but
not cause of obstruction

Name of operation Freeing Obstruction Date of 9-14-32
What test confirmed diagnosis? _____ Was there an autopsy? 3

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 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? NO
If so, specify _____
(Signed) C. DeWitt _____, M. D.
(Address) 446 Prof. Bldg. 18th St.

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.

