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. 21586
Township Kaw — Primary Registration District No. 002 — Registered No. 2071
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mrs Lois Duncan Power
(a) Residence. No. 7304 Main St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Riley M. ~~Duncan~~ Power

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28-1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
28	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Isaac Z ~~Duncan~~
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ollie Reynolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Riley M ~~Duncan~~ Power
(Address) 7304 Main

15. FILED 6/18, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to June 16, 1931 that I last saw her alive on June 16, 1931, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
9000
9380 Mitral ~~[illegible]~~
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis, Chronic
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 920
IF NOT AT PLACE OF DEATH At Hospital
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) A Morris Guenberg M. D.
6/18, 1931 (Address) 724 Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Joplin Mo	6/19 1931
20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons	

WE 7000

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.

Argyle Bldg