

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

Do not use this space.

34393

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 71)

Registration District No. 1000
Primary Registration District No. 1000

File No. 4307
Registered No. 4307
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Salem Ark Si. X 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 - 1829</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

Baby

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ark

13. NAME James Pow Rowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ark

15. MAIDEN NAME Pearl Jane Caruthers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ark

17. INFORMANT Mrs Nettie Lee Woosley
(ADDRESS) 4146 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Ark DATE Oct 10 1931

19. UNDERTAKER Eylan Funeral Home
(ADDRESS) 1800 Linwood

20. FILED 10/8 3/27 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1931

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____

I last saw him _____ alive on _____ 19____. 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:

Strangulation
1940
1928
Other contributory causes of importance:
Choked on hair in throat

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 10/7 1931

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) Charley M. Hall M. D.
(Address) Deputy Coroner

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.

