

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.

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

Do not use this space.

4571

1. PLACE OF DEATH

County Jackson  
Township Saw.  
City Kansascity

Registration District No. 392  
Primary Registration District No. 1002  
(No. 918 Penn)

File No. 418  
Registered No. 418  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Millie Ann Poell

(a) Residence, No. 918 Penn St., 1 Ward.

(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 Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Micheal Poell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
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) Stewartsville, Mo.

MOTHER FATHER 13. NAME John. Broyles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England?

15. MAIDEN NAME Elizabeth Smallwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Josephine Copeland, 918 Penn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Feb. 3 1932

19. UNDERTAKER (ADDRESS) Cyklar Funeral Home, K. C. Mo.

20. FILED 2/2 1932 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH Mon.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1932  
I last saw h. alive on \_\_\_\_\_, 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:

Chronic myocarditis Date of onset \_\_\_\_\_  
930 9:50 11  
Other contributory causes of importance: Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932  
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) Mauley M. Haef M. D.  
(Address) Deputy Coroner

