

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.

NOV 10 1933

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

Do not use this space.

33162

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. 4097
 City Kansas City (No. Research Hospital 1002) St. _____ Ward _____

2. FULL NAME Miss Grace E. Fowler

(a) Residence, No. 6100 Charlotte St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Aug. 17, 1886

7. AGE YEARS 47 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bond Dept.
 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) Topeka, Kansas

MOTHER FATHER 13. NAME Mortimer E. Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Alma C. Johnson

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

17. INFORMANT Mrs. Alma Fowler
(ADDRESS) 6100 Charlotte St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka, Kansas DATE 10/18/33 19.

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo

20. FILED 10-18-33 M. M. Crowe
Book Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, '33

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13 1933, to Oct 17 1933

I last saw her alive on Oct 17 1933 Death is said

to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Lobes Pneumonia
Acute Myocarditis

108

Other contributory causes of importance:

93A

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Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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 _____, 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) Carl P. Lewis, M. D.

(Address) 934 Argyle Bldg

Dr. Carl Frenis

vi 5227

Angyle Bldg.

Till Five o'clock