

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH Jackson  
 County Kansas Registration District No. 1000  
 Township Raw Primary Registration District No. 68  
 City Kansas City, Mo. No. 2708 St. 968 (Ward)

2. FULL NAME Margaret Catherine Fowler  
 (a) Residence, No. 2408 E 69th St. Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 1 mos. 2 How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

File No. 8810  
 Registered No. 968

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. P. Fowler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16 1868</u>		
7. AGE <u>65</u>	YEARS <u>10</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation <u>68</u>
10. Date deceased last worked at this occupation (month and year) <u>1 year 4 days</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smith, Mo</u>		
13. NAME <u>William Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mar E Lewis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Josephine Fowler</u> (ADDRESS) <u>2408 E 69th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greentown</u> DATE <u>March 4 1934</u>		
19. UNDERTAKER <u>W. H. Stalder</u> (ADDRESS) <u>Mo</u>		
20. FILED <u>3/1</u> <u>187</u> <u>W. M. Crowl</u> <u>Regist.</u>		

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1934, to Feb 21st, 1934  
 I last saw her alive on Feb 21st, 1934 Death is said to have occurred on the date stated above, at 3 P m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
131  
930  
134  
 Other contributory causes of importance:  
Chronic parenchymatous nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Leslie J. Hardy, M. D.  
 (Address) 412 Grand

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.

