

NOV 15 1934

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

Do not use this space.

49

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin, Mo. (No. Freeman Hospital St. _____ Ward)

Registration District No. 411File No. 36377Primary Registration District No. 2002

Registered No. _____

2. FULL NAME

(a) Residence No. 906 Galena, Galena, Kan. Ward. Galena Staw
(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

2 MEDICAL CERTIFICATE OF DEATH

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)

Feb. 25 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

078

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Galena

(STATE OR COUNTRY)

Kan.

10. NAME OF FATHER

O. V. Powell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Hazel Ogle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iexas

14. INFORMANT

O. V. Powell

(Address)

Galena, Kan.

15. FILED

10-5-34Ed D. Jones

REGISTRAR

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

2
Oct
3 1934

17.

I HEREBY CERTIFY, That I attended deceased from 10-31934, to 10-3, 1934

that I last saw him alive on 10-3, 1934 and that death occurred, on the date stated above, at 10:21 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Typhoid(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.

Home - Galena, Kan.DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Exam(Signed) W. J. Ward, M. D., 19 (Address) Joplin, Mo.

*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

Pittsburg, KanOct 5 1934

20. UNDERTAKER

ADDRESS

Frank AllisonGalena Kan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Handy.
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