

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 28 1935

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

Do not use this space.

43011

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 611 W. 70th)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 5395
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 611 W. 70th St. _____ 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE Dr. Stanley M. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3 - 97

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo.

13. NAME E. J. Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Alice Moore

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

17. INFORMANT Dr. Stanley Hall (ADDRESS) 611 W. 70th

18. BURIAL, CREMATION, OR REMOVAL PLACE Grange Mo. DATE 12-17-34

19. UNDERTAKER Caplan Funeral Home (ADDRESS) R. C. Mo.

20. FILED 12917 1934 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 1934 to Dec 16 1934
I last saw her alive on Dec 16 1934. Death is said to have occurred on the date stated above, at 110 m.
The principal cause of death and related causes of importance were as follows:

Renemia
chronic nephritis
hypertension
Date of onset _____

Name of operation _____ 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) Glenn Carbaugh, M. D.
(Address) 714 Bryant St. KCMO

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.

Dr. Henry Carbaugh. Bryant Mag