Dr Daniel Logan
Argyle Bldg
until 4 P.M.

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

Do not use this space.
43117

JAN 18 1935

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. 7544 Prospect St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 5503
Registered No.

2. FULL NAME Mrs Dora Powers
(a) Residence, No. 7544 Prospect 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: 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 Stephan Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1866

7. AGE: Years 68 | Months 6 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Ill.

FATHER
13. NAME John W Curtis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Susan Hager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs E. J. McGovern
(ADDRESS) 1310 East 55th

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE Dec 24, 1934

19. UNDERTAKER Quirk & Tobin Co
(ADDRESS) Linwood & Main

20. FILED 12-22, 1934 M M Crane Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934 to Dec 21, 1934
I last saw h.... alive on Dec 21, 1934 Death is said to have occurred on the date stated above, at 7.05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	
Chronic Hypocarditis	
CHC	
9	
9	

Other contributory causes of importance:
Cerebral sclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Daniel F Logan, M. D.
(Address) 415 Argyle Bldg 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.

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