

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

Do not use this space.

32668

NOV 21 1935

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Jack Primary Registration District No. \_\_\_\_\_  
City K.C.MO. (No. 3915 E. 16th St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 32668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Infant Powell

(a) Residence, No. 3915 E. 16th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 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) 9-20-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
          14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) K.C.MO  
(STATE OR COUNTRY)

13. NAME Tom Powell

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

15. MAIDEN NAME Portner Powell

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

17. INFORMANT Hubert Powell  
(ADDRESS) 3915 E. 16th St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Leads MO DATE 10-7th -35

19. UNDERTAKER H. B. Moore  
(ADDRESS) 1820 E. 18th St

20. FILED 10/8 1935 M. M. Croome  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1935 to 10/4 - 35

I last saw h. her on Oct 4 - 1935. Death is said to have occurred on the date stated above, at 3.1 p. m.

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

atelectasis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Premature Birth

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) L. V. Miller, M. D.  
(Address) 1130 Woodland

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.

Dr L. V. Miller  
12 '39 Highway