NOV 16 1936

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

Do not use this space.

37713

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: ~~[illegible]~~ — Primary Registration District No.: 1007 — Registered No.: 4567
City: K. C. Mo (No. St. Joseph Hospital St. Ward)

2. FULL NAME: Elizabeth Anna S. Poulson
(a) Residence, No. 1218 Forest ave 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: F
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: Wm. G. Poulson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-13-1859

7. AGE: Years 77 — Months 8 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Iowa

FATHER
13. NAME: Truman Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: Sarah Duryea
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Mrs. Emma Kruger 806 Forest avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn DATE: Oct-17-36

19. UNDERTAKER (ADDRESS): Mrs. C. L. Foster 915 Brookline avenue

20. FILED: Oct 15, 1936 M. M. Crow, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8th 1936 to Oct 15 1936
I last saw her alive on Oct 14 1936. Death is said to have occurred on the date stated above, at ....A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation: None Date of:
What test confirmed diagnosis? Medical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) M. F. Dewell, M. D.
(Address)

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

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