

JAN 19 1937

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

Do not use this space.

45071

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

File No. 5655

Registered No. _____

2. FULL NAME Mrs. Erymontrude Powell

(a) Residence, No. 3015 East 68th 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James C Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-9-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 6 22

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

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) Toronto (STATE OR COUNTRY) Canada

13. NAME Joseph B Zangel

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

15. MAIDEN NAME Elizabeth Rudolph

16. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Ohio

17. INFORMANT James C Powell (ADDRESS) 3015 E-168th

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Jan-2-1937

19. UNDERTAKER Henry E. ... Sons (ADDRESS) ... City - Mo

20. FILED Jan 31 1936 M. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1936 to Dec 31 1936.

I last saw her alive on Dec 31st 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Hypertension with Chronic nephritis following
2 Carlin's fever
Date of onset 15 days ago

Other contributory causes of importance: Myocardial failure

Name of operation Clonal Date of _____
What test confirmed diagnosis? Clonal 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 no one

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) W. J. ... M. D.
(Address) Trinity Hospital

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.

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