

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

Do not use this space.

MAY 19 1936

1. PLACE OF DEATH

County Douglas
Township Jackson
City..... (No.....)..... St..... Ward.....

Registration District No. 243
Primary Registration District No. 5326

File No. 47896
Registered No. 10

2. FULL NAME unnamed

(a) Residence. No..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 28-1936</u>			
7. AGE	YEARS	MONTHS	DAYS
			IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work.....			
(b) General nature of industry, business, or establishment in which employed (or employer).....			
(c) Name of employer.....			
9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Mo.</u>			

PARENTS	10. NAME OF FATHER <u>Kenneth Powell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Lawrence</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT.....
(Address)

15. J-H-36 Ch. Kuster
FILED 19 36 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28 1936

17. I HEREBY CERTIFY, That I attended deceased from.....
19..... to..... 19.....
that I last saw h..... alive on..... 19....., and that
death occurred, on the date stated above, at 10 * 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stellom, 3 m. in fetus

..... (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY).....
(duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ch. Kuster M. D.
J-H-36 (Address) 4-2-Celland, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
20. UNDERTAKER	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.

