

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

Do not use this space.

44117

JAN 17 1938

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 719 West 13th)

File No. _____
Registered No. 5020
St. _____ Ward _____

2. FULL NAME Alice Powers Castle

(a) Residence, No. 719 West 13th 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Castle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1862

7. AGE YEARS 75 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ireland (STATE OR COUNTRY) 15

MOTHER FATHER 13. NAME Michael Powers 15

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 17

MOTHER 15. MAIDEN NAME Margaret Phalen

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

17. INFORMANT MARTIN POWERS (ADDRESS) 719 WEST 13

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 12-15-37

19. UNDERTAKER Quirk & Tobin Company (ADDRESS) KANSAS CITY, MO.

20. FILED Dec 14, 1937 M. M. Grone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1937, to Dec 13, 1937

I last saw her alive on Dec 12, 1937 Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Date of onset

Broncho Pneumonia

2 days

13 1

Other contributory causes of importance:

Cerebral Haemorrhage

12/5/37

Chronic Interstitial Nephritis

10 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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)

C. M. Council

M. D.

(Address)

708 W. 17th St.

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.

