

WRITE PLAINLY, WITH UNODING 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.

JAN 17 1938

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

Do not use this space.

44243

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. 306 N. Lawn St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5146

2. FULL NAME

Mrs. Martha Ellen Dowell

(a) Residence, No. 306 N. Lawn 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Dowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 8 11

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At Home

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) Iowa (STATE OR COUNTRY)

13. NAME Isreal Cox

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

15. MAIDEN NAME Eliza Jane Barnhill

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

17. INFORMANT Mrs. Faye Lassiter (ADDRESS) 306 N. Lawn, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Moriah Cem. DATE Dec. 21-37, 19

19. UNDERTAKER C.H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED Dec 21, 1937 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19-37 19

22. I HEREBY CERTIFY, That I attended deceased from July 1927, to Dec. 19 1937

I last saw her alive on Dec 18 1937 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:

Carcinoma of Colon Date of onset 1927  
at repeated flexure 1926  
46

Other contributory causes of importance: Intestinal Obstruction

Name of operation Exploratory Laparotomy Date of Dec 27  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) W. H. Jackson M. D.  
(Address) 106 W. 12th St.

Dr. W. H. Kellogg, Valhalla, N. Y.