

CONF SEP 13 1938

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

Do not use this space.

27864

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo

Registration District No. 399
Primary Registration District No. 11002
Research Hosp.

File No. 3175
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha Ellen Bower
(a) Residence, No. Warrensburg, Mo. 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 Girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 1/2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Research Hospital, Kansas City, Missouri

FATHER 13. NAME John Edward Bower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Missouri

MOTHER 15. MAIDEN NAME Doris Ruth Petty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Missouri

17. INFORMANT (ADDRESS) John Edward Bower Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo DATE 8-10-38

19. UNDERTAKER (ADDRESS) Williams Undertaking California, Mo

20. FILED Aug 10 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Aug 10, 1938
I last saw her alive on Aug 9, 1938 Death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

Prematurity (7 months)
189

Other contributory causes of importance:
2

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) Frank B. Hagen, M. D.
(Address) 510 Prof. Bldg
Hagen

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.

