

REC'D MAY 10 1939

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

14018

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Law Primary Registration District No. 1092 Registered No. 1272  
(c) City 78.6 mo. (d) Street No. General Hospital #2 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

234 Pauline M. Nowell  
(a) Residence, No. 1024 Garfield St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-5-1922</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>0</u>
		DAYS
		<u>8</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Student</u>
	9. Industry or business in which work was done, as 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) <u>Oklahoma</u>		
FATHER	13. NAME	<u>Don't Know</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Don't Know</u>
MOTHER	15. MAIDEN NAME	<u>Don't Know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Don't Know</u>
17. INFORMANT (ADDRESS) <u>Record Clerk General Hosp</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Leeds Cem</u> DATE <u>4-28-39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>West Appleton Jones City</u>		
20. FILED <u>Apr 27 1939 M. M. Brown</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1939 to 4-13 1939  
I last saw h. alive on 4-13 1939 Death is said to have occurred on the date stated above, at 12:45 m.  
The principal cause of death and related causes of importance were as follows:  
Potts Disease  
Date of onset 26

Other contributory causes of importance:  
Miliary Tuberculosis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

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 General Hosp #2  
(Signed) J. O. Snow M. D.  
(Address) General Hospital #2

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING 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.

90M-7-20-37

I X12004

STATEMENT BY LICENSED EMBALMER

I, © H. Hust., Licensed Embalmer No. 2710

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed © H. Hust.  
Licensed Embalmer No. 2710

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**