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

Do not use this space.

12573

File No. 1508

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No.

City KANSAS CITY (No. EVANGELICAL HOSPITAL St. Ward)

2. FULL NAME MISS BETTY JANE STOWELL

(a) Residence, No. 3248 PROSPECT AVE St., 13 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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE - 14 - 1917

7. AGE: YEARS 14 MONTHS 9 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CENTRAL JUNIOR HIGH SCHOOL

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) URBANA
(STATE OR COUNTY) ILLINOIS

FATHER

13. NAME DR. G. W. STOWELL

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

MOTHER

15. MAIDEN NAME HELEN GOETZ

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

17. INFORMANT DR. G. W. STOWELL
(ADDRESS) 3248 PROSPECT AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE APRIL - 9 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 4/9, 1932 M. M. Crowe
Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from apr 4 1932, to apr 8 1932

I last saw h. ev. alive on apr 7 1932. Death is said to have occurred on the date stated above, at 2:30 Am.

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

	Date of onset
Peritonitis	
1111 A	
1111	
121	
(1)	

Other contributory causes of importance:
Ruptured pregnancy and appendicitis

Name of operation apr 4 - 32 Date of

What test confirmed diagnosis? operation 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? No

If so, specify

(Signed) Edw M Rivers, M. D.

(Address) 901 Chambers Bldg Kansas City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

~~708 West 47th St.~~
901 Chambers Bldg
11-7