

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

Do not use this space.

24720

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 10110
Township Kaw Primary Registration District No. 10110 Registered No. 10110
City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Catherine Margaret Powell

(a) Residence, No. 3528 Paseo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward J. Powell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18, 1868</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>4</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>		
13. NAME <u>John Evans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>		
15. MAIDEN NAME <u>Margaret Michael</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>		
17. INFORMANT <u>Edward J. Powell</u> (ADDRESS) <u>3528 Paseo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>7/25/34</u> 19__		
19. UNDERTAKER <u>Freeman Mortuary</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>July 22, 1934</u> <u>W. M. Corone</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-34 19__

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1934 to 7-21- 1934
I last saw h. or alive on 7-21 1934 Death is said to have occurred on the date stated above, at 3:50 m.
The principal cause of death and related causes of importance were as follows:
Ch. Glomerular Nephritis
Other contributory causes of importance:
Surgical operation Uterine Myomata
Name of operation Laparotomy Date of 7-14-34
What test confirmed diagnosis? Autopsy 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? NO
If so, specify _____
(Signed) Fred B. Kuger M. D.
(Address) 510 Prof. Bldg.

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.

JUL 26 1934

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Dr. Fred Meyer

Prof. Bldg.

2-4

Call home about 1:00

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **3318**
City..... (No. **Research Hope** St. Ward)

2. FULL NAME

Catherine Margaret Powell
(a) Residence, No. 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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
66					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	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)					
FATHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19					
19. UNDERTAKER (ADDRESS)					
20. FILED 7/22 19 34 M. M. Crown Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-21-1934**

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....
I last saw h..... alive on, 19..... 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:
Cholera Septicemia
131
Other contributory causes of importance:
Chronic Myocardia
non-malignant

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?.....
If so, specify.....
(Signed) **Bred Skysen**, M. D.
510 Prof Bldg
Kelms.
(Address).....

SUPPLEMENTARY

S-24720