

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 Registration District No. 399  
Township Kaw Primary Registration District No. 11002  
City Kansas City Mo No. Research Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3175  
Registered No. \_\_\_\_\_

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

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  
13. NAME John Edward Bower  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Missouri  
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 Undertaker 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)  
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) Dr. J. B. Hager M. D.  
(Address) 510 Prof. Bldg  
Warrensburg

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.

