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.

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

Do not use this space.

22842

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6507

City St. Louis (No. 4350 West Pine Blvd St. ..... Ward)

2. FULL NAME Sarah M. Powell

(a) Residence. No. 4350 West Pine Blvd St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	7	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER Charles McEachan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) United States

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) United States

14. INFORMANT Evelyn E. Powell
(Address) 4350 West Pine Blvd

15. FILED 11 17 1927 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1927

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to July 16, 1927 that I last saw her alive on July 12, 1927 and that death occurred, on the date stated above, at 19 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

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97 (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

1 29 A

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. A. Stephens M. D

, 19 (Address) 317 Laster Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rosamond, Ill. DATE OF BURIAL July 19 1927

20. UNDERTAKER A Kron Ltd Co 2707 ADDRESS N. Grand