

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.

AN 26 1927

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

Do not use this space.

37746

1. PLACE OF DEATH

County Demiseat Registration District No. 601
 Township Little Craig Primary Registration District No. 2-862
 City Cynthiana, Mo. (No.) St. Ward)

File No.
 Registered No. 170
 St. Ward)

2. FULL NAME

Thinnie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED—
 HUSBAND OF Ben Powell
 (or) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 51 — —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Newborn Tennessee

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Ben Powell
 (Address) Cynthiana, Mo.

15. FILED Dec. 19, 1927 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1927
17. I HEREBY CERTIFY, That I attended deceased from Dec
11, 1927, to Dec 14, 1927.
 that I last saw him alive on Dec 13, 1927, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bright Disease
131
129 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, I don't know

DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) R. Boyard, M. D.
Dec. 14 1927 (Address) Cynthiana, Mo.

*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 Little Craig cemetery **DATE OF BURIAL** Dec 14 1927
20. UNDERTAKER J. L. Payne **ADDRESS** Cynthiana, Mo.

