

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

Do not use this space.

41145

1. PLACE OF DEATH

County Jackson
Township Kan
City H. C. Mo. (No. 3112 Jackson)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 7020
St. _____ Ward _____

2. FULL NAME Mary A. E. Powell

(a) Residence. No. 3112 Jackson St. 14 Ward. _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE Le White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13-1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>4</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) D
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER McDaniel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No Record

14. INFORMANT Will Powell
(Address) 3112 Jackson St

15. FILED 12.30.28 1928 M. M. Crow REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-29-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 29, 1928, that I last saw h. alive on Dec 29, 1928, and that death occurred, on the date stated above, at 11:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage & old age

92A
167
CONTRIBUTORY None (SECONDARY)
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... ✓

DID AN OPERATION PRECEDE DEATH... no DATE OF ✓

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) Arthur A. Hobbs, M. D.
Dec 30, 1928 (Address) 3321 E 30th St.

*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 Steghlong Rich K.P.K. DATE OF BURIAL Dec 31 28

20. UNDERTAKER Mrs. C. L. Foster ADDRESS H. C. Mo.

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.

2000
1000