1929

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

Do not use this space.

10458

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No. 36

Township — Primary Registration District No. 5535 — Registered No.

City West Plains, Missouri (No. ..... St. ..... Ward)

2. FULL NAME Lula Francis Powers

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

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)
Fe	Wht	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas E. Powers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19th 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	8	15	

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

9. BIRTHPLACE (CITY OR TOWN) Miller Co., Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jas Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Miller Co., Mo

12. MAIDEN NAME OF MOTHER Hilda Hoskins

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

14. INFORMANT Ida Allen
(Address) West Plains, Mo

15. FILED 3-14, 1929 O. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-4 1929 19

17. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1929, to 3-4-, 1929 that I last saw her alive on 3-4, 1929 and that death occurred, on the date stated above, at 3:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Septicemia Puerperal following premature birth of Fullborn fortus.
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Syphilis
(duration) 2 yrs. mos. ds.

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? Wasserman
(Signed) O. D. Gross M. D
3/6, 1929 (Address) West Plains, 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	DATE OF BURIAL
Galloway	3/5 1929
20. UNDERTAKER	ADDRESS
McFarland's	West Plains