

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

Do not use this space.

19037

1. PLACE OF DEATH

County Worth

Registration District No. 282

Township Union

Primary Registration District No. 3401

City _____ (No. _____)

File No. _____

Registered No. 23

St. _____ Ward _____

2. FULL NAME Fronia 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930

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

17. I HEREBY CERTIFY, That I attended deceased from June 11 1930 to June 15 1930 that I last saw him alive on July 13 1930 and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Exact date unknown

THE CAUSE OF DEATH* WAS AS FOLLOWS: hypertension

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 77</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

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

130 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 160 (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Unknown

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

1 WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? _____

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

(Signed) John E. Powell, M. D.
, 19 _____ (Address) Campbell

14. INFORMANT M. Frank Thompson (Address) Campbell

*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.

15. FILED 6/15-30 E. W. Anderson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Four Mile Run DATE OF BURIAL 6/15 1930

20. UNDERTAKER E. W. Anderson ADDRESS Campbell

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3-1930

