

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

Do not use this space.

JAN 20 1931

36469
File No. 36707-a
Registered No. 87
St. _____ Ward)

PLACE OF DEATH

County Linn
Township _____
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025

2. FULL NAME

Mrs Georgia M. Powell
(a) Residence. No. 211 S. Boston St. 1 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
A. J. Powell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-27-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>5</u>	<u>3</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

10. NAME OF FATHER Carlos Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Betsy Justice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) New York

14. INFORMANT George Anderson
(Address) Laclede - Missouri

15. FILED 12-1-30 Bessie M. Fore
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930, to Nov 30, 1930, that I last saw h. e. alive on Nov 28, 1930, and that death occurred, on the date stated above, at 2:59 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Fall
Penetrating following rupture of urinary bladder
(duration) _____ yrs. _____ mos. 0 ds.
CONTRIBUTORY (SECONDARY) Accidental Fall on past rupturing bladder.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 26-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinal signs & Gross Exam
(Signed) James Evans M. D.
Nov 1, 1930 (Address) Brookfield 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 Rose Hill Cemetery DATE OF BURIAL Dec. 2 1930

20. UNDERTAKER Brookfield ADDRESS Brookfield

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