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.

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

Do not use this space.

27954

1. PLACE OF DEATH
County Dunklin — Registration District No. 290 — File No.
Township Salem — Primary Registration District No. 5408 — Registered No. 40
City (No. , St. Ward)

2. FULL NAME Baren Montson Powers
(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1931

7. AGE — YEARS: — MONTHS: 2 — DAYS: 23 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(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): Dunklin County Mo

PARENTS
10. NAME OF FATHER: Calvin Powers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Paragold Ark
12. MAIDEN NAME OF MOTHER: Maggie Sims
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Paragold Ark

14. INFORMANT: Calvin Powers
(Address) Senath Mo

15. FILED 9-1, 1931 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1931

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19 that I last saw h alive on , 19, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ileo Colitis
118B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 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? Dunklin County Coroner
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) [signature], M. D.
, 19 (Address) Kennett 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: Pine Hill Cemetery — DATE OF BURIAL: Aug 7 1931

20. UNDERTAKER: M Daniel Funeral Co — ADDRESS: Senath Mo