

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

Do not use this space.

**1. PLACE OF DEATH**

County De Witt Registration District No. 266  
 33 Township Spring Creek Primary Registration District No. 5370  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 4217  
 Registered No. 8

**2. FULL NAME**

Sarah Alice White Powell  
 (a) Residence No. County Farm 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. 6 mos. \_\_\_\_\_ da. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF William Powell  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1850 Oct 11  
 7. AGE YEARS 81 MONTHS 3 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Sanitate of County  
 (b) General nature of industry, business, or establishment in which employed (or employer) Farm  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Noah White  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY) Indiana  
 12. MAIDEN NAME OF MOTHER L K  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY) Indiana

14. INFORMANT Wm Gibbs  
 (Address) Salmon Mo

15. FILED 4/7 1932 H. B. Powell, Jr. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 6, 1932

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to Feb 6, 1932 that I last saw him alive on Feb 6, 1932 and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Hepatitis  
 (duration) yrs. 18 mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 CONTRIBUTORY (SECONDARY) Pneumonia Broncho  
Left  
 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED ①  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsial  
 (Signed) H. V. Diligent M. D.

247 1932 (Address) Salmon 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 Central Cemetery DATE OF BURIAL 4/7 1932

20. UNPERTAKER Wm Gibbs ADDRESS Salmon 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.

683 22 1932

