

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

Do not use this space.

1. PLACE OF DEATH
 48 County Jackson Registration District No. 396
 Township Fort Osage Primary Registration District No. 5552
 City Lake City (No. _____) St. _____ Ward _____

File No. 8270
 Registered No. 7

2. FULL NAME Betty Jane Powell
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1931</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Lake City</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>William Powell</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Warrensburg Mo</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Lilla Evans</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Warrensburg Mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Wm Powell</u> (ADDRESS) <u>Buckner Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buckner Cemetery</u> DATE <u>April 1, 1932</u>		
19. UNDERTAKER <u>Vernon M. Reppert</u> (ADDRESS) <u>Buckner Mo</u>		
20. FILED <u>5-18</u> 19 <u>32</u> <u>M. J. Manuella</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1932, to Mar 31, 1932
 I last saw him alive on Mar. 30, 1932. Death is said to have occurred on the date stated above, at 7 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
187A of
 Other contributory causes of importance: Whisper cough
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? x
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? x Date of injury x, 1932
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury x
 Nature of injury x
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. P. [Signature], M. D.
 (Address) [Address]

Date of onset
Abt. Mar. 10th
32.
Abt. Feb. 25th
1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 25 1932

8270.02

[Handwritten marks and signatures]

