

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

*Mit chull*  
Do not use this space.

30014

1. PLACE OF DEATH  
 80 County Pike Registration District No. 668  
 4 Township ..... Primary Registration District No. 3932  
 9 City Sedalia (No. Bohannell / prop.)  
 2. FULL NAME Sallie C Powell  
 (a) Residence, No. 208 Pine 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.

File No. ....  
 Registered No. 236  
 St. .... Ward

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 10 2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
 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) (STATE OR COUNTRY) Mo 1  
 MOTHER 13. NAME Alfred Crew  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2  
 15. MAIDEN NAME Isabelle Head  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
 17. INFORMANT Elyth Powell  
 (ADDRESS) Kan City Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion Chape DATE 9/3 32  
 19. UNDERTAKER W. H. ... (ADDRESS) Sedalia Mo.  
 20. FILED 9-2 1932 J. H. ... Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1932  
 22. I HEREBY CERTIFY, That deceased died from burned to death on Sept 1 1932 at Sedalia Mo.  
 I last saw alive on Sept 1 1932 Death is said to have occurred on the date stated above, at Mo.  
 The principal cause of death and related causes of importance were as follows:  
180 Burned to death over entire body  
 Other contributory causes of importance:  
180 23  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ✓ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Violence Date of injury Sept 1 1932  
 Where did injury occur? Sedalia Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home  
 Manner of injury Residence  
 Nature of injury entire body  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify ✓  
 (Signed) Sedalia Mo. M. D.  
 (Address) Sedalia Mo.

MARGIN RESERVED FOR BINDING

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.

NOV 28 1932

V.S. No. 2.

