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 22 1932

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

Do not use this space.

31613

1. PLACE OF DEATH
14 County Callaway — Registration District No. 109 — File No.
Township Summit — Primary Registration District No. 5152a — Registered No. 546
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maneury Jane Powell
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. J. Powell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25 - 1846
7. AGE: YEARS 85 — MONTHS 10 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Missouri 1

FATHER
13. NAME: Lee Carlton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

MOTHER
15. MAIDEN NAME: Basandria Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): C. A. Powell, Fulton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Prospect DATE: 10/28, 1932
19. UNDERTAKER (ADDRESS): Ray A Holt, New Bloomfield
20. FILED: Nov 10, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Oct 26, 1932
I last saw her alive on Oct 26, 1932. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 21-32
108	
108	

Other contributory causes of importance:

1

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? ..... Date of injury ....., 19.....
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 —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. J. Taylor, M. D.
(Address) Jefferson City Mo