

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

Do not use this space.

36036

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Town Paris Primary Registration District No. 4235
 City Paris Summit (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 167

2. FULL NAME

Anna Belle Powell
 (a) Residence, No. Paris Summit Mo. St., _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Powell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-19-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME J. B. Powell

14. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Parthina Medor

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. W. N. Mayo (ADDRESS) Paris Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL Paris Summit Mo. Nov-5-1932

19. UNDERTAKER Fields - James Co. (ADDRESS) Paris Summit Mo.

20. FILED 11-3-1932 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-3-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-23-1932 to Nov-3-1932
 I last saw him alive on Nov-3-1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Encephalitis Date of onset Oct 23-1932
77 B Paris

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. B. Baggett, M. D.
 (Address) Paris Summit 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.

NOV 23 1932

