

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.

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

Do not use this space.
40714

1. PLACE OF DEATH
 67 County Mississippi Registration District No. 567
 Township St Johns Primary Registration District No. 5263
 City Amsterdam (No. _____) St. _____ Ward _____
 FULL NAME Nettie Powers
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1897

7. AGE YEARS 35 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoar Kufing
 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) (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Robert L. Loken
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawtove Ill.

MOTHER
 15. MAIDEN NAME Lester Gubbs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT C. M. Powers
 (ADDRESS) Amsterdam

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE Dec 11 1932

19. UNDERTAKER None
 (ADDRESS) East Prairie Mo

20. FILED Dec 9 1932 Shuff M. Hodges
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932, to Dec 9 1932
 I last saw her alive on Nov 1 1932. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver (not alcoholic)
1240
 Other contributory causes of importance: _____

Date of onset about 2 yrs ago

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

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?
 If so, specify _____
 (Signed) Geo. W. Whitaker M. D.
 (Address) East Prairie, Mo

