

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

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

Do not use this space.

2302

**1. PLACE OF DEATH**

County Macon  
Township Hudson  
City..... (No.....) St..... Ward)

Registration District No. 5-33  
Primary Registration District No. 5-7/3

File No.....  
Registered No. 8

**2. FULL NAME**

Ora Mae Powers

(a) Residence. No..... 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Powers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2<sup>nd</sup> 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61      7      15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Macon Co., Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Pattie Summers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Macon Co., Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Colia Iron

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Macon Co., Mo.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Fannie Barnes  
(Address) Macon, Mo.

15. FILED 1/31 1933 Mrs. Luke Hunkler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17-1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933, to Jan 17 1933  
that I last saw her alive on Jan 9 1933, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Embolism  
J. J. B.  
(duration) 1 hour yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Influenza (Bronch)  
Pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Chucal  
(Signed) J. F. Turner, M. D.

, 19 (Address) Macon Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakwood Cem. DATE OF BURIAL 1/19 1933

20. UNDERTAKER Stephens & Gooding ADDRESS Macon, Mo.

