CAUSE OF DEATH in plain [illegible] 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.

12024

1. PLACE OF DEATH

100 County Scott — Registration District No. 1151 — File No.

6 Township — Primary Registration District No. 4588 — Registered No.

3 City Fornfelt (No. ..... St. ..... Ward)

2. FULL NAME Rosie Marie Powers

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles Aaron Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1901

7. AGE: YEARS 31 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Neckeyshand Cape Co Missouri

FATHER
13. NAME Charles Ramsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Missouri

MOTHER
15. MAIDEN NAME Mollie Weathersford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Missouri

17. INFORMANT (ADDRESS) Charles Ramsey Illmo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakdale Cem Commerce Mo DATE Mar. 4, 1933

19. UNDERTAKER (ADDRESS) Bissling hoff Hubbard Illmo Mo

20. FILED 3/14 1933 G. F. H. Coy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 1.30 m.

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

Gun shot wound accidently inflicted by her husband Aaron Powers

Date of onset

Other contributory causes of importance:

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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) Barney Henning J. P. M.D.

(Address) Kelso Twp. Ansell Mo