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.

JUN 22 1933

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

Do not use this space.

File No. 16846

Registered No.

1. PLACE OF DEATH

48 County Jackson

Township Van Buren

City ~~Greenwood~~ (No. ..... St. ..... Ward)

Registration District No. [illegible]

Primary Registration District No. [illegible]

2. FULL NAME Lila Bell Powell

(a) Residence, No. Greenwood St., Mo Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE wh

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED (*write* the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Will Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	0	16	

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) Johnson County Mo

FATHER

13. NAME Doc. Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Maud Tanner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Will Powell Greenwood Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Buckner DATE May 20 1933

19. UNDERTAKER (ADDRESS) V. M. Keppert Buckner Mo

20. FILED May 18, 1933 Vernie E. Yankee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to May 18, 1933

I last saw her alive on May 17, 1933. Death is said to have occurred on the date stated above, at 12:30 PM

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

Pulmonary Tuberculosis — Date of onset 7

23

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) C L Conrad, M. D.

(Address) Pleasant Hill Mo

The Registrar