

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

Do not use this space.

1. PLACE OF DEATH

County Mercer  
Township Morgan  
City Princeton (No. ....)

Registration District No. 556  
Primary Registration District No. 4324

File No. 33716  
Registered No. 30  
St. .... Ward)

2. FULL NAME

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Powell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1875  
7. AGE YEARS 58 MONTHS 6 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as planer, 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) Missouri

13. NAME John M. Claran

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

15. MAIDEN NAME Henderson

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

17. INFORMANT (ADDRESS) John P. Powell, Princeton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE Oct 3 1933

19. UNDERTAKER (ADDRESS) Noel Mass, Princeton Mo

20. FILED 10/2 1933 J. M. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933, to Oct 1, 1933

I last saw him alive on Oct 1, 1933 Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Cerebral Hemorrhage Date of onset Sept 23, 1933  
131  
82A  
31  
4920

Other contributory causes of importance:  
Chronic interstitial nephritis

Name of operation..... Date of.....  
What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19.....

Where did injury occur? no (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. M. Berry, M. D.  
Address Princeton Mo.

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.

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REPRODUCED FROM THE ORIGINAL RECORDS OF THE MISSOURI STATE BOARD OF HEALTH

