

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.

DEC 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County North  
Township Green  
City North

Registration District No. 1057  
Primary Registration District No. 6214

File No. 41800

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Frank 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 Male 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 Frank Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
68 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Edward  
Seelye Co.

13. NAME Geo. Grantham

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

15. MAIDEN NAME Mary Arborno

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

17. INFORMANT Ernest Powers  
(ADDRESS) Parnell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oxford, Mo. DATE Nov. 18, 1934

19. UNDERTAKER A. J. Pugh & Co.  
(ADDRESS) Parnell, Mo.

20. FILED Nov. 24, 1934 Wm. O. H. Bond  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 34 to Nov 16 - 34

I last saw her alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 10:09 a.m.  
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation Date of onset 1930

92  
P. B. A.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) J. H. ..., M. D.  
(Address) Franklin, Mo.

