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.

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

JAN 14 1935

Do not use this space.

42105

File No.

Registered No. 1443

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 5

Township: — Primary Registration District No.:

City: St. Joseph, (No. 1029 A. Felix St. St. Ward)

2. FULL NAME Mary Ellen Powell

(a) Residence, No. 1029 A. Felix St. 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. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William H. Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86	11	14	

OCCUPATION

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

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): Wovern. Mass.

FATHER

13. NAME: John Lord

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Vermont.

MOTHER

15. MAIDEN NAME: Elizabeth Small

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown New Hamp.

17. INFORMANT (ADDRESS): Mrs. Mary P. Howe 1029 A. Felix St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Jan. 2, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-2-35 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 31, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to, 19
I last saw her alive on Dec. 31, 1934, 19. Death is said to have occurred on the date stated above, at 1.40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93 hr	

Other contributory causes of importance: no facts

Name of operation: none Date of:
What test confirmed diagnosis? Clin. Test 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?
If so, specify
(Signed) Thomas Bonner, M. D.
(Address) 731 Faraon