

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

Do not use this space.

6467

1. PLACE OF DEATH MAR 28 1935  
 County Polk Registration District No. 712  
 Township Richland Primary Registration District No. 4427  
 City Richland No. \_\_\_\_\_ St. 9 Ward \_\_\_\_\_

2. FULL NAME Dorothy Lee Powers  
 (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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20<sup>th</sup> 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>4</u>	<u>0</u>	<u>11</u>	

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

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) Richland Mo

13. NAME Jim Powers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville Mo

15. MAIDEN NAME Ollie Fanger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville Mo

17. INFORMANT (ADDRESS) Jim Powers Richland Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Lawn DATE 3-22-35

19. UNDERTAKER (ADDRESS) R B Seepel Richland Mo

20. FILED 2-22- 1935 Dorothy O. Oliver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1935, to 2-21 1935  
 I last saw her alive on 2-21- 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Mesenteric 2-10-35  
intermenstrual  
 Other contributory causes of importance:  
none  
 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) R B Seepel M. D.  
 (Address) Richland Mo.

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.

