

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.

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

Do not use this space.

ADD 9 1935

10768

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. ~~1003~~ to Hosp #1)

File No.....
Registered No. 2388
St. Ward)

2. FULL NAME Pruda Margaret Powers.

(a) Residence, No. 4342 Maryland St., 19 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glenn H. Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-6-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 26 2 6

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

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) Paducah Ky

13. NAME Gilbert Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky

15. MAIDEN NAME Lillian Dunbar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky

17. INFORMANT (ADDRESS) Mrs Lillian Young Paducah Ky

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Paducah Ky Mar-15-35

19. UNDERTAKER (ADDRESS) Albert W. Hoff's Inc 424 E. Franklin

20. FILED APR 12 1935 J. B. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:30 A. m.

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

Fractures of skull, laceration of brain, ruptured liver, laceration of abdominal vis. when auto, in which deceased was passenger, collided with rear of tractor trailer.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/10/35

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public highway

Manner of injury coll. auto.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. J. [Signature] M.D.
(Address) [Address]

2/12/35

