APR 1 9 1935

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

Do not use this space.

11946

1. PLACE OF DEATH
County Boone — Registration District No. 75 — File No.
Township Perche — Primary Registration District No. 5114 — Registered No.
City (No. , St. Ward)

2. FULL NAME Mrs. Avie Prowell
(a) Residence, No. Harrisburg, Mo. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. W. Prowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-30-1871

7. AGE: Years 63 — Months 3 — Days 3 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME: W. A. Stidham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Susan A. Copher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Myrtle Miller, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisburg, Mo. DATE Apr. 4, 1935

19. UNDERTAKER (ADDRESS): Parker Furniture Co., Columbia, Mo.

20. FILED 4-16, 1935 — Mrs H. Gullett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1935, to 3-30, 1935.
I last saw her alive on 3-30, 1935. Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. of Lungs	1930

Other contributory causes of importance:

23

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

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 No
(Signed) H. Gullett, M. D.
(Address) Harrisburg 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.