

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.

JUN 27 1935

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

Do not use this space.

17492

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City No. 509 Farrar St. _____ Ward _____

File No. _____
Registered No. 89

2. FULL NAME

Anna A. Powers
(a) Residence, No. 509 Farrar 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Powers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 1878</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		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) <u>Mo</u>		
MOTHER	13. NAME <u>Antone Scheifer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary E. Benz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Mrs E. Haley</u> (ADDRESS) <u>Moberly, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly, Mo</u> DATE <u>May 4 1935</u>		
19. UNDERTAKER <u>Matron and Son</u> (ADDRESS) <u>Moberly, Mo</u>		
20. FILED <u>5/9 1935</u> <u>Virginia Thaler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1935, to May 3, 1935
I last saw her alive on May 1, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:
apoplexy
Date of onset June 1935

Other contributory causes of importance:
Chronic Nephritis
Uræmia

Name of operation none Date of _____
What test confirmed diagnosis? electrolysis 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? no
If so, specify _____ (Signed) C. Smith, M. D.
Moberly, Mo.

