

SEP 2 4 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27177

1. PLACE OF BIRTH

County Newton
 Townshp Neosho
 City (No.)

Registration District No. 609
 Primary Registration District No. 5808

File No. 225
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. Neosho Mo R #3 St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 10 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. James
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1895
 7. AGE YEARS 39 MONTHS 8 DAYS 21 If LESS than 1 day, ... hrs. or min.

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) Crawford Co. Illinois
 (STATE OR COUNTRY)

13. NAME A. F. Powell

14. BIRTHPLACE (CITY OR TOWN) Cumtland Co. Illinois
 (STATE OR COUNTRY)

15. MAIDEN NAME Fizzie Beemiller

16. BIRTHPLACE (CITY OR TOWN) Coles Co. Illinois
 (STATE OR COUNTRY)

17. INFORMANT A. F. Powell
 (ADDRESS) Neosho Mo. R #3

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Neosho Mo. DATE Aug. 24, 1935

19. UNDERTAKER Edley Thompson
 (ADDRESS) Neosho Mo.

20. FILED 9-9-35 Anal 2 Sub, M. A.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1935

22. I, HEREBY CERTIFY, That I attended deceased from April 1, 1935 to Aug 22, 1935

I last saw him alive on Aug 10, 1935 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: Asphyxia

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? No
 If so, specify

(Signed) J. H. Reynolds M. D.
 (Address) Neosho 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.

