

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.

JAN 20 1936

40659

1. PLACE OF DEATH

County Pulaski Registration District No. 712
Township..... Primary Registration District No. 4427
City Richland, Mo. St. Ward)

2. FULL NAME

(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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Powers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 29

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. at home
10. Date deceased last worked at this occupation (month and year) Dec 8/1935 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Ben Powers Richland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Iduma DATE Dec 9 1935

19. UNDERTAKER (ADDRESS) R. B. Tiple Richland, Mo.

20. FILED Dec 9 1935 Ewert A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Dec 8 1935

I last saw him alive on Dec 8 1935 Death is said

to have occurred on the date stated above, at 4:20 P.M.

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

Bancho Pneumonia Date of onset 12.2/1935

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Pul. Sid 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) Ewert A. Oliver, M. D.

(Address) Richland, Mo.

