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.

JUL 29 1936

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

Do not use this space.

25213

File No. ____

Registered No. 32

1. PLACE OF DEATH

County: Shelby — Registration District No.: 830

Township: East Range — Primary Registration District No.: 4503

City: Shelbina (No. ____, ____ St. ____ Ward)

2. FULL NAME: Michael Powers

(a) Residence, No. Shelbina 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mary Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 1, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	76	10	27	

OCCUPATION

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

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): Pekin Illinois

FATHER

13. NAME: Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Gladys G. Powers, Shelbina, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Shelbina, Mo DATE: June 30, 1936

19. UNDERTAKER (ADDRESS): E. Hayes, Shelbina, Mo

20. FILED: July 3, 1936 Mrs. R. H. Wailes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1935, to June 28, 1936

I last saw ~~him~~ alive on June 27, 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

	Date of onset
Myocarditis	

Other contributory causes of importance: Arterio-sclerosis

Name of operation: None Date of: ____

What test confirmed diagnosis? Clinical 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) J. A. Furnish, M. D.

(Address) Shelbina, Mo.