

APR 22 1937

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

Do not use this space.

12838

1. PLACE OF DEATH

County Madaway
Township Independence
City Parnell

Registration District No. 626
Primary Registration District No. 5828

File No.
Registered No.
St. Ward)

2. FULL NAME Nancy, Anna, Powers

(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 SOCIAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Allen Powers

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 - 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to April 5 - 1937
I last saw her alive on April 4, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 2

Cancer of breast
Date of onset unknown

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

Other contributory causes of importance: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Ill.

FATHER 13. NAME Thomas Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

MOTHER 15. MAIDEN NAME Mary Ellen Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

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.

17. INFORMANT Allen Powers
(ADDRESS) Parnell Mo

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oxford DATE April, 7 1937

19. UNDERTAKER A. J. Roof & Co.
(ADDRESS) Parnell Mo

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Egbert Croason, M. D.
(Signed) Parnell Mo
(Address)

20. FILED Apr. 6 1937 Thalae Kennedy
Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

