

APR 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 13145  
Township Creek Primary Registration District No. 2970 Registered No. 78  
City R.F.N. Moberly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Matildia E. Powers

(a) Residence, No. R.F.N. Moberly St. Mo Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL 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 John Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1868 July 29

7. AGE YEARS MONTHS DAYS 69 7 14 35  
IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Mo13. NAME James Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Emma Roberts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Edward Justis (Son)  
(ADDRESS) Moberly Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Antioch Cem. DATE Mar. 18, 193719. UNDERTAKER Snow Funeral Home  
(ADDRESS) Moberly Mo20. FILED Mar. 13, 1937 Ethel Cleton  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 193722. I HEREBY CERTIFY, That I attended deceased from Mar-16-, 1937, to Mar-17-, 1937

I last saw her alive on Mar-16-, 1937 Death is said to have occurred on the date stated above, at H.P.A. m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 3-1-37

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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 decedent? NoIf so, specify \_\_\_\_\_ (Signed) E. H. Strader, M. D.(Address) Moberly, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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31

