MAY 7 1937

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. [illegible]

Township ..... Primary Registration District No. ..... Registered No. 4443

City St. Louis, Mo. (No. ....., BARNES HOSPITAL St. ..... Ward)

2. FULL NAME Vernice Powell

(a) Residence, No. E. ELM STREET St., NR Ward. W. Frankfort, Ill.
(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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1911

7. AGE: YEARS 25 MONTHS 6 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. INVALID FOR 1 YEAR

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) Illinois

FATHER

13. NAME Ed. POWELL

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

MOTHER

15. MAIDEN NAME Leora Richerson

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

17. INFORMANT (ADDRESS) ED POWELL W. FRANKFORT, ILLINOIS

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. FRANKFORT, ILL. DATE APRIL 30, 1937

19. UNDERTAKER (ADDRESS) Albert H. Hopper 429 N. Elizabeth Ave

20. FILED APR 29 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1937, to 4-28-, 1937

I last saw her alive on 4-28-, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
Tuberculous meningitis	4-15-37
Pulmonary tuberculosis, bilateral fibroid	June 1936
Tuberculosis salpingitis	Oct. 1936
Other contributory causes of importance:	
Bronchopneumonia, terminal	4-27-37

Name of operation none here Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) A. B. Chilling, M. D.

(Address) Barnes Hospital

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.