

MAY 31 1937  
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

17564

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 789  
 Township Normandy Central Primary Registration District No. 6033  
 City Overland (No. 3201 Woodson Rd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Largh Jane Powell  
 (a) Residence, No. 3201 Woodson 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.

File No. \_\_\_\_\_  
 Registered No. 122

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>93</u>	<u>10</u>	<u>9</u>	

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. house work

10. Date deceased last worked at this occupation (month and year) March 1937 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

13. NAME Michael Lynch

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

15. MAIDEN NAME Norissa Shores

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

17. INFORMANT Frank Powell  
 (ADDRESS) 3201 Woodson Overland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem. DATE April 24 37

19. UNDERTAKER Wannum Bros Mbk Co. Inc  
 (ADDRESS) Overland Mo

20. FILED 4-24 1937 Ada Baehner  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Apr 15, 1937  
 I first saw her alive on Apr 14, 1937 Death is said to have occurred on the date stated above, at 5A a.m.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis chr. Date of onset \_\_\_\_\_

Other contributory causes of importance:  
High Blood Pressure 1923  
Chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phy 5 Was there an autopsy? no

28. 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?  
 If so, specify \_\_\_\_\_  
 (Signed) J. Norman M. D.  
 (Address) 5602 Dehman  
St. Louis Mo

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

