J. D. James.

Do not use this space.

JUL 28 1937

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

File No. 23754

Registered No. 541

1. PLACE OF DEATH

County Greene

Township

City Springfield (No. St. Johns Hospital, St. Ward)

Registration District No. 318

Primary Registration District No. 2001

2. FULL NAME Nancy Jane Powell

(a) Residence, No. 1108 E. Kingsbury 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 STATISTICAL PARTICULARS

3. SEX: fem.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1937

7. AGE: Years ✓ Months 0 Days 0 If LESS than 1 day, ...hrs. or ....min.

Stillborn

OCCUPATION

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

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) Springfield Missouri.

FATHER

13. NAME E. J. Powell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cammelton, Ind.

MOTHER

15. MAIDEN NAME Vernson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Rapids Kansas.

17. INFORMANT E. J. Powell.
(ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eastlawn Cem DATE June 28, 1937

19. UNDERTAKER H. H. Lohmeyer
(ADDRESS) Springfield, Missouri.

20. FILED June 28, 1937 Chas A. George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.37 A.M.

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

	Date of onset
Premature 26 th wk.	
Stillborn	

Other contributory causes of importance: ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

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?

If so, specify

(Signed) Joseph D. James, M. D.

(Address) Springfield Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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