

REC'D MAR 21 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County MarionTownship LibertyCity PalmiraRegistration District No. 548Primary Registration District No. 4323

File No.

7415

Registered No. 17

## 2. FULL NAME

Eldora Powell 400

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFCharles Dalton Powell

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

Nov. 17, 1859

7. AGE

78

YEARS

MONTHS

3

DAYS

8

If LESS than 1

day, hrs.

or min.

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Philadelphia  
Missouri

13. NAME

James Marion Allen14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Philadelphia  
Mo.

15. MAIDEN NAME

Mary Francis Crane16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Philadelphia  
Mo.

17. INFORMANT

Mr. Wm Anderson  
Palmira Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellwood Palmira Mo.DATE 2-27

1938

19. UNDERTAKER

(ADDRESS)

E. J. Sparger  
Palmyra, Mo.

20. FILED

Feb 27 - 38Berthude Lee  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

2-251938

22. I HEREBY CERTIFY That I attended deceased from

June 1, 1937, to Feb. 25, 1938I last saw her alive on Feb 25, 1938. Death is saidto have occurred on the date stated above, at 6:00 P.M.

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

Chronic (mitral) valvular  
heart disease

Date of onset

Other contributory causes of importance:

Name of operation NoneDate of What test confirmed diagnosis Chest. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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)

W. N. C. Pugh, M. D.

(Address)

Palmira, 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.

