WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Wright
Township
City Mtn. Grove, Mo. (No. ..... St. ..... Ward)
Registration District No. 908
Primary Registration District No. 4549
File No. 8479
Registered No. 61

2. FULL NAME Jacqueline Louise Power 600
(a) Residence, No. ..... 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: Female
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: XXXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 5th 1937
7. AGE: YEARS | MONTHS | 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.: XXX
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: XXXXX
10. Date deceased last worked at this occupation (month and year): XXXXX
11. Total time (years) spent in this occupation: XX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plaines, Mo. Mountain Grove, Mo.

FATHER
13. NAME: Ernest E. Power
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plaines, Mo.

MOTHER
15. MAIDEN NAME: Nadine Stillwell,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mountain Grove Mo.

17. INFORMANT (ADDRESS): Mrs. H. H. Hammock Mtn. Grove, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lone Star DATE: Jan 17, 1937
19. UNDERTAKER (ADDRESS): Rev. Lay, Mtn. Grove, Mo.
20. FILED: 12-31-1937 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 17th, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1937, to Jan 17th, 1937
I last saw her alive on Jan 16th, 1937. Death is said to have occurred on the date stated above, at 12.30 AM
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia - Primary 1-14-37 (Date of onset)
107a
Other contributory causes of importance: None
Name of operation: XXXXX Date of: XX
What test confirmed diagnosis? XXXXX Was there an autopsy XX
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide XXXXX Date of injury XXX, 19
Where did injury occur? XXXXX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. XXXXXX
Manner of injury XXXXX
Nature of injury XXXXXX
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify XXXXXXX
(Signed) H. G. Frame, M. D.
(Address) Mountain Grove, Mo.

10:a

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