

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

13179  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis Mo. (d) Street No. Mo. Baptist Hospital St. 3783  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian Ethel Powell 400

(a) Residence, No. .... St. Clarksburg Mo.  
 (Usual place of abode, if no street address, write county or city) (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-24-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
52 2 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife  
 9. Industry or business in which work was done, as 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) Cooper Co. Mo.  
 (STATE OR COUNTRY)

13. NAME Joe Stephens

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

15. MAIDEN NAME Molly Snodgrass

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

17. INFORMANT Joe B. Powell  
 (ADDRESS) Clarksburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg Mo. DATE 4-25-1938

19. FUNERAL DIRECTOR Alexander and Sons  
 (ADDRESS) 6175 Delmar Blvd.

20. FILED APR 23 1938 J. D. Budeck  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to April 23, 1938.  
 I last saw her alive on April 23, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Bronchial pneumonia  
50  
 Date of onset 4-14-38

Other contributory causes of importance:  
Carcinoma of right breast.

Name of operation Amputation breast Date of June 23, 1937  
 What test confirmed diagnosis? clinical Was there an autopsy? No

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 James A. Persent M. D.  
 (Signed) James A. Persent  
 (Address) 3903 Olive St.

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.

