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

063

Do not use this space.

25539

1. PLACE OF DEATH
County McDonald — Registration District No. 315 — File No.
Township Group 1 — Primary Registration District No. 5687 — Registered No. 14
City Southwest City (No. St. Ward)

2. FULL NAME Mrs. Julia May Powell

(a) Residence, No. (Usual place of abode) St., 1 Ward. (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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF James E. Powell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1859
7. AGE: Years 81 — Months 11 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
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) Austin, Texas

FATHER
13. NAME Sam S. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER
15. MAIDEN NAME Rebecca Stewart — mother's maiden name not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) R. E. Wurmach, Southwest City, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE Southwest City Mo — DATE 8/12, 1941
19. UNDERTAKER (ADDRESS) Nichols Bros.
20. FILED 8-12-, 1941 Earl Horton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1941

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1941, to 8-11, 1941
I last saw her alive on 8-11, 1941. Death is said to have occurred on the date stated above, at 2:48 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	8-6-41
Chr. Myocarditis	3-1-41

Other contributory causes of importance:

Mild Hypertension	1-1-41
Senility	
Glaucoma	

Name of operation None — 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) R. E. Wurmach, M. D.
(Address) Southwest City, 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.

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. S. No. 2B
0M—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 255-39

Registration District No. 315 Primary Registration District No. 5687 Registrar's No. 19

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Southwest City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Southwest City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Julia M. Powell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Mitchell Bros
(b) Address South West City Mo.
19. (a) 8-12-41 (Date received local registrar) (b) Earl Horton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. Day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-25539