

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.

MAR 24 1932

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

Do not use this space.

5467

## 1. PLACE OF DEATH

69 County Monroe  
Township Monroe  
City Madison (No. \_\_\_\_\_)

Registration District No. 579  
Primary Registration District No. 5776

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Elizabeth Powell

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/6/1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 7

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

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) Monroe Co. Mo.

13. NAME Anthony Garnett

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

15. MAIDEN NAME Amelia Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dark skin

17. INFORMANT Mrs. Edgar Zepf  
(ADDRESS) Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Burial Hill DATE Feb 15 1932

19. UNDERTAKER Fred A. Thompson  
(ADDRESS) Madison, Mo.

20. FILED 2/13 1932 W. W. Eubank  
Fred Thompson Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Feb. 13, 1932

I last saw her alive on Feb. 13, 1932. Death is said

to have occurred on the date stated above, at 12:50 a.m.

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

Angina Pectoris Date of onset 1929

94A 93C 94A

Other contributory causes of importance:

Chronic Myocarditis Several

3

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 \_\_\_\_\_, 1932

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) R. K. Gurney, M.D.

(Address) Madison, Mo.

