

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 File No. 25923
 Registered No. 17539
 City St. Louis Mo. (No. 2601 Elliott Ave) (Ward)

2. FULL NAME

Eveline Powell
 (a) Residence. No. 2601 Elliott Ave., 20 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>Negro</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>abt 1872</u>					
7. AGE		YEARS	MONTHS	DAYS	
<u>abt 55</u>				If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Tenn</u>					
PARENTS	10. NAME OF FATHER <u>Clark Meal</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>				
	12. MAIDEN NAME OF MOTHER <u>Chancy Person</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>					

MEDICAL CERTIFICATE OF DEATH

✓
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19th 1927
 17. I HEREBY CERTIFY That I attended deceased from 20th 1927 to Aug 19th 1927 that I last saw her alive on Aug 15th 1927, and that death occurred, on the date stated above, at 6:15 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Incompetency and myocarditis chronic
9:20 A.M. (duration) yrs. 10 mos. da.
 CONTRIBUTORY (SECONDARY) POA (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) H. N. Vaughan M.D., 19 (Address) 11 N. Jefferson
 *State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jackson Tenn DATE OF BURIAL Aug 24th 1927
 20. UNDERTAKER A. L. Deal ADDRESS Lucas Ave.

14. INFORMANT Bella Douglas
 (Address) 2601 Elliott Ave
 15. FILED Aug 23 1927 max b Starkopf REGISTERAR

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.

THIS IS A PERMANENT RECORD



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