OCT 4 192

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 812

Do not use this space.

26212

1. PLACE OF DEATH: Collond
County: Thompson
Township:
City: (No. St. Ward)
Registration District No.: 8
Primary Registration District No.: 6.2.5.3
File No.:
Registered No.: 5

2. FULL NAME: Mary Elizabeth Power
(a) Residence. No. Arbela, Mo 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Power

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 27-1839

7. AGE: Years 88 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Pennsylvania

PARENTS
10. NAME OF FATHER: J. Flotfelty
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Sarah Block
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know

14. INFORMANT: George Power
(Address): Bragger, Mo

FILED: 8/2, 1927 O. H. Bate M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925, to Aug 1, 1927, that I last saw her alive on July 29, 1927, and that death occurred, on the date stated above, at 7 Aug 1 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene of right foot
57 19
98B
(duration) yrs. mos. 15 ds.
CONTRIBUTORY (SECONDARY): Diabetes
(duration) 2 yrs. 0 mos. 0 ds.

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? Physical
(Signed) A. E. Platters, M.D.
Aug 1, 1927 (Address) Memphis, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hickory Grove
DATE OF BURIAL: Aug 3 1927

20. UNDERTAKER: Zeek & Bockets
ADDRESS: Ferrin, Mo

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.