

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

Do not use this space.

1477

FEB 4 1932

PLACE OF DEATH
49 County Jasper
2 Township
5 City Joplin

Registration District No. 411
Primary Registration District No. 200
(No. St. John's Hosp. St. Ward)

File No.
Registered No.

2. FULL NAME Alma Powers
(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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Powers

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1895

8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 3-

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Insurance

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. ✓ 135

11. DATA 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) Arkansas

MOTHER FATHER 13. NAME M. B. Garrison

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME M. W. Wilton

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Arkansas

17. INFORMANT Mrs. Corda Atkinson
(ADDRESS) Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 1/29/32

19. UNDERTAKER Hurlbert Med. Co.
(ADDRESS) 32 W. Union

20. FILED 1/30 1932 A. Kewen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-32

22. I HEREBY CERTIFY That I attended deceased from 1-27-1932 to Jan 27, 1932

I last saw her alive on Jan 27, 1932 Death is said

to have occurred on the date stated above, at 6 a.m.

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

Date of onset

Pulmonary
hemorrhage
Other contributory causes of importance:

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 _____, 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 ①

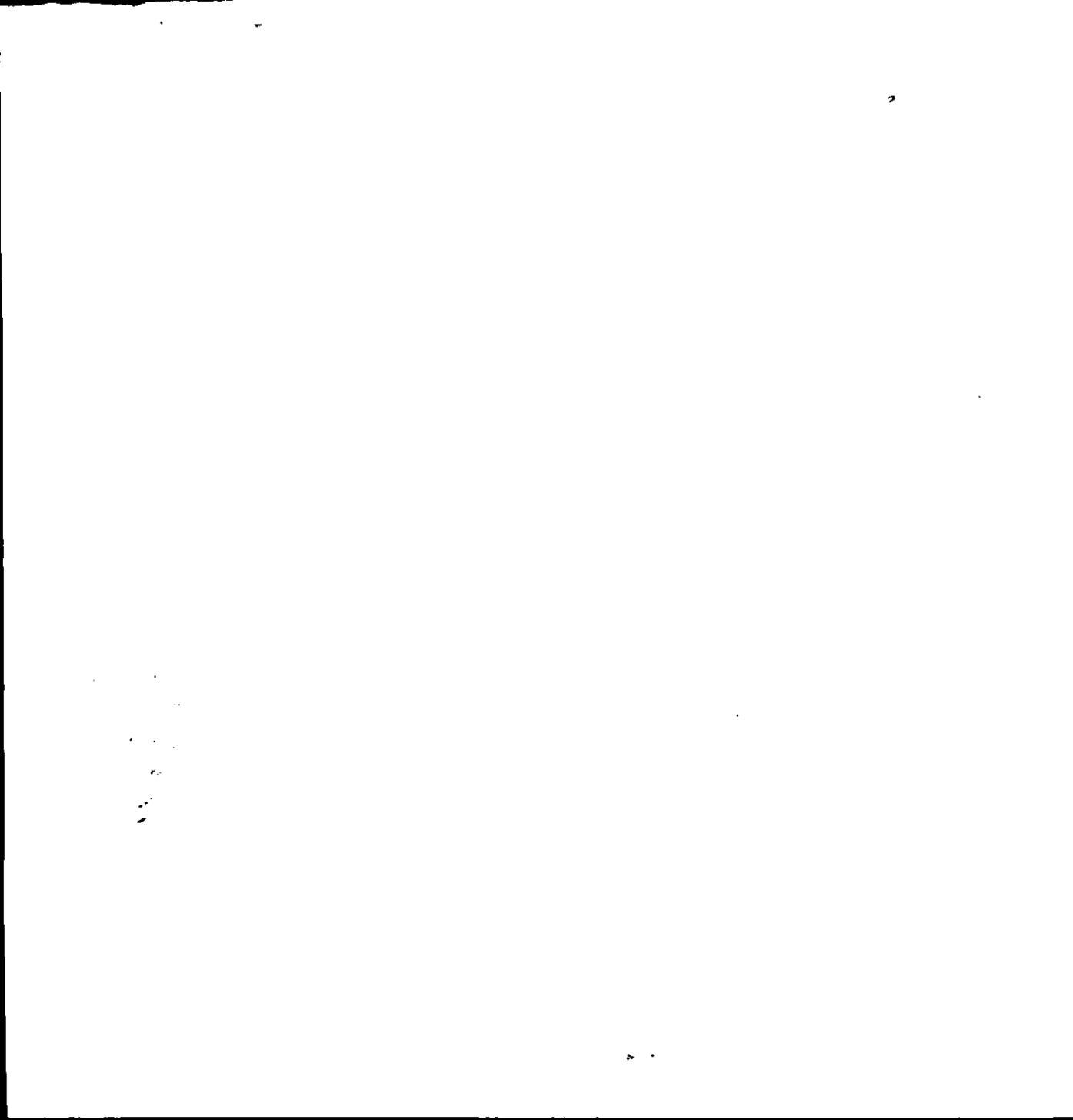
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Clyde Balslev, M. D.

(Signed) Joplin

(Address) _____



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 411

File No.

Township.....

Primary Registration District No. 2007

Registered No.

City Joplin (No.) St. Ward)

2. FULL NAME

Alma Powers

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Suppurative pneumonia
Suppurative pneumonia T.B.

Date of onset

Other contributory causes of importance:

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....., 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)....., M. D.

(Address).....

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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OCCUPATION

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

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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 3/8/32 1932 Person Clark Registrar

SUPPLEMENTARY

23

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S. 1499