

APR 24 1936

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

Do not use this space.

16556

1. PLACE OF DEATH

County RAY
Township RIEHLMOND
City RIEHLMOND (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 41 (Ward)

2. FULL NAME SARAH A. 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. B. Powell</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>do not know</u> | | |
| 7. AGE YEARS <u>about 77</u> | MONTHS — | DAYS — |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |

| | | |
|------------|---|---|
| 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) do not know

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Ladie O'Hare (ADDRESS) Richmond Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 4/7/36 19. _____19. UNDERTAKER C. M. Jones (ADDRESS) Richmond Mo20. FILED 4-10 19. 36 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/36 19. _____22. I HEREBY CERTIFY, That I attended deceased from _____ 1936 to _____ 1936I last saw her alive on April 6, 1936. Death is said to have occurred on the date stated above, at 3:30 P. M.The principal cause of death and related causes of importance were as follows:
Coronary occlusion

Date of onset

Other contributor 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? no

If so, specify _____

(Signed) E. O. Greene, M. D.(Address) Richmond 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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