

JUN 23 1937

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

Do not use this space.

*Infant*

20612

8

1. PLACE OF DEATH

1. County *Macon*  
Township *Chariton*  
City (No. )

Registration District No. *529*  
Primary Registration District No. *5705*

File No. *20612*  
Registered No. *8*  
St. Ward

2. FULL NAME *Elizabeth Powell*

(a) Residence, No. St. Ward. (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 *Morris Powell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 23 - 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*83 6 7*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House keeper*  
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) *Macon Co Mo*

FATHER 13. NAME *Mordakai Harp*

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

MOTHER 15. MAIDEN NAME *Nancy James*

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

17. INFORMANT (ADDRESS) *Mrs. Homer Clarkson  
Bever me*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Law Salem Cem* DATE *May 3 1937*

19. UNDERTAKER (ADDRESS) *Oldest Skinner  
Macon Mo*

20. FILED *June 10 1937* *Mrs R.W. Dowell* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 30 1937*

22. I HEREBY CERTIFY, that I attended deceased from 19 to 19  
I last saw her alive on *about April 14 1937*. Death is said to have occurred on the date stated above, at *1 P* m.  
The principal cause of death and related causes of importance were as follows:

*Myocarditis acute*

Date of onset  
Other contributory causes of importance: *None*

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) *J. L. Trappee*, M. D.  
(Address) *College mound Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

