

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper  
Township Blackwater  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 217  
Primary Registration District No. 3297

File No. 37493  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elmer Riley Powers

(a) Residence, No. 473 South Grant 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 0 13

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Driller at rock quarry.  
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) Cooper County Missouri

13. NAME John Powers

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

15. MAIDEN NAME Mary J. Wardorman

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

17. INFORMANT Mrs. Lula Powers  
(ADDRESS) 473 South Grant, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Cemetery Oct. 11 1937

19. UNDERTAKER J. D. Campbell  
(ADDRESS) 1011 S. 1st St., Marshall, Mo.

20. FILED 10-11 1937 J. H. Honey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from not attended, 1937, to \_\_\_\_\_, 1937.

I last saw him alive on not seen alive, 1937. Death is said to have occurred on the date stated above, at 2:15 A.M.

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

Accidental Electrocution Oct 9  
1937

Other contributory causes of importance: 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Oct 9, 1937  
Where did injury occur? R.F.D. Blackwater Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In industry - at Stone quarry.  
Manner of injury Well drill which he was driving ran over electric cable and electrocuted him  
Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify electrocuted while driving an electric drill.  
(Signed) J. C. Fincher, M. D.  
(Address) Boonville Mo.  
Coroner of Cooper County 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.

