

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

29258

OCT 29 1927

1. PLACE OF DEATH

County Saline
Township Blackwater
City (No. _____) _____ St. _____ Ward _____

Registration District No. 798
Primary Registration District No. 6147

File No. _____
Registered No. 18

2. FULL NAME

Ernest Bell 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 58 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Daisy N. Powell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 30-1869</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>9</u>	DAYS <u>10</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at about 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Killed by being struck by an automobile on highway Number 65 in Saline Co. (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY)
210M / 1880 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS:
(Signed) B. M. Scott's Carver, M. D., 19____ (Address) Marshall Mo

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Wm L Powell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER

Mary J. Tinsley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

Mrs Daisy N. Powell

(Address)

Lanswell, Mo.

15. FILED

Oct 6 1927

Lee J. Throck
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Millers Chapel Sept 14 1927

20. UNDERTAKER

ADDRESS

R. W. Campbell Marshall

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

