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

Do not use this space.

35365

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 10550

City..... (No. City Hospital ~~Hospital~~ St. ..... Ward)

2. FULL NAME Charlie Powell

(a) Residence. No. 4249 W Maffitt St., 11 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: male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE: About 55 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La

PARENTS

10. NAME OF FATHER: Chas Powell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Md
12. MAIDEN NAME OF MOTHER: Martha Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Richmond Va

14. INFORMANT: Alford Powell
(Address) 42 S/W Colbrillate

15. FILED NOV 25 1927, 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17-27 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on 4 5 19....., and that death occurred, on the date stated above, at 12 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Thrombosis
94 B 92
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Stenosis Coronary
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Wm Dever M.D.
11/18, 1927 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cem
DATE OF BURIAL: Nov 27 1927

20. UNDERTAKER: Watson and Son
ADDRESS: 2941 Chouteau

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