

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

Do not use this space.

35949

NOV 17 1928

PLACE OF DEATH

County Lepton Registration District No. 61
 Township Alexander Primary Registration District No. 5048
 City (No.) St. Ward)

File No.
 Registered No. 25
 St. Ward)

2. FULL NAME

W. E. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Atsy A Powell
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Mo.

10. NAME OF FATHER Wes Powell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Eva Preslar
 (Address) avery mo.

15. FILED 12/31/27 Jas. H. Hogan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927

17. I HEREBY CERTIFY, That I attended deceased from none, 19....., to none, 19....., that I last saw h..... alive on none, 19....., and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure - died in bed while asleep - (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 200 ft 205 ft (duration) yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? DATE OF

12/31/27 (Address) Wardlaw mo

WHAT TEST CONFIRMED DIAGNOSIS? Copied Inquiry
 (Signed) James J. Loggins, M. D.

*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 Jones Cemetery DATE OF BURIAL Dec 31 1927

20. UNDERTAKER None ADDRESS

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

PARENTS

