

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 stated EXACTLY.

MAR 21 1928

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

Do not use this space.

5824

1. PLACE OF DEATH

County Peru Registration District No. 651
Township Little Prairie Primary Registration District No. 4988
City Caruthersville, Mo. No. _____ St. _____ Ward _____

File No. _____
Registered No. 21
Sl. _____ Ward _____

2. FULL NAME

Linn Banks 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. Is MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Letitia Powell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18, 1865

7. AGE YEARS MONTHS DAYS If LESS than I day, _____ hrs. or _____ min. 63 0 19

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) Sumner Co. Missouri

10. NAME OF FATHER P. C. Powell

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

12. MAIDEN NAME OF MOTHER Sophia Sample

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Peru Miss

14. INFORMANT (Address) Mrs Letitia Powell Caruthersville, Mo

15. FILED Mar 10, 1928 E. A. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-20, 1928, to 2-7, 1928 that I last saw him alive on 2-7, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
829 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 740 (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) Thomas J. Collins, M. D. Feb. 8, 1928 (Address) Caruthersville Mo

*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 DATE OF BURIAL Little Prairie cemetery Feb 9, 1928

20. UNDERTAKER L. L. Lape ADDRESS Caruthersville Mo

