

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

Do not use this space.

24668 

1. PLACE OF DEATH

County Putnam
Township Center
City Steel (No.)

Registration District No. 655
Primary Registration District No. 58-72

File No. 7
Registered No. 759
St. Ward)

2. FULL NAME

Joe Williams Powell

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work no
(b) General nature of industry, business, or establishment in which employed (or employer) V
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayswood mo

10. NAME OF FATHER Mr. T. Powell

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

12. MAIDEN NAME OF MOTHER Troy Boman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Manchester Tenn

14. INFORMANT (Address) Mrs. J. M. Bowers Steel mo

15. FILED 10-9-28 A. G. Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from July 16 1928 to July 16 1928 that I last saw him alive on 15 of July 1928, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chills

1130 (duration) yrs. mos. 170 ds.

CONTRIBUTORY (SECONDARY) (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.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. P. Williams, M. D.
, 1928 (Address) Steel 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 Upper Coater DATE OF BURIAL 7-16 1928

20. UNDERTAKER Berman & Co ADDRESS Steel 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.

