

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.

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

Do not use this space.

B. M. 1745

1. PLACE OF DEATH

County JacksonRegistration District No. 399

File No.

Township KearneyPrimary Registration District No. 1002Registered No. 337City K.C. Mo.(No. St. Joseph Hospital)

St. Ward)

2. FULL NAME

Robert Earlward Powell(a) Residence. No. 303 So. Lounsdale 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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19-1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

653

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Boy

(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

Wm. Everett Powell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(State or Country) Mo.

12. MAIDEN NAME OF MOTHER

Agnes Smallfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(State or Country) Mo.

14.

INFORMANT

(Address)

Wm. Wm. E. Powell303 So. Lounsdale

15.

FILED

1-23-29 M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 22 1929

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., 19.....

that I last saw h..... alive on....., 19....., and that

death occurred, on the date stated above, at....., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Automobile
Fracture, R.L. MO

CONTRIBUTORY

(SECONDARY)

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)

Stanley M. Hall, M. D.1/22, 1929 (Address) Officer 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

DATE OF BURIAL

Forest HillJan 24 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. FosterK.C. Mo.

