

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

Do not use this space.

8145

1. PLACE OF DEATH

County..... Registration District No. 78
 Township..... Primary Registration District No. 1003
 City..... (No. City Hospital) St. Ward)

File No.
 Registered No. 1801
 St. Ward)

2. FULL NAME Jeremiah Powell

(a) Residence. No. 2605a S. Compton St. 17 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 6:15 P.m.

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Powell

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1844

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>5</u>	<u>20</u>	

Shock & Injuries
Fracture Pelvis
 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Struck by Auto in City St. Louis

9. BIRTHPLACE (CITY OR TOWN) Wales
 (STATE OR COUNTRY) England

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

10. NAME OF FATHER Thomas Powell

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

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

19. DID THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER Dont Know

WHAT TEST CONFIRMED DIAGNOSIS?.....

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

(Signed) Wm V Dewar, M.D.
 , 19 (Address) 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.

14. INFORMANT Mrs Nellie Powell
 (Address) 2605a S Compton

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellafontaine Cem. DATE OF BURIAL Feb. 9 19 29

15. FILED 1524 Wm C. [Signature]
 REGISTRAR

20. UNDERTAKER Rud. Neede ADDRESS 3732 S. Grand Blk.

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

162
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