

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

Do not use this space.

21991

PLACE OF BIRTH
 County Livingston Registration District No. 508
 Township..... Primary Registration District No. 3026
 City Chillicothe Mo. (No. 1113) Hebster St. 1st Ward

2. FULL NAME Josiah Y. Powell
 (a) Residence. No. 1113 Hebster St., 1st 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 Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29-1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 8 12 40

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

9. BIRTHPLACE (CITY OR TOWN) Wayne County Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER Benjamin Powell

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

12. MAIDEN NAME OF MOTHER Sarah Carroll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson County Ohio
 (STATE OR COUNTRY)

14. INFORMANT Phoebe E. Powell
 (Address) 1113 Hebster St. Chillicothe Mo.

15. FILED 6/12 1929 Deborah Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1929

17. I HEREBY CERTIFY, That I attended deceased from June 7 1929 to June 11 1929
 and I last saw him alive on June 11 1929, and that death occurred, on the date stated above, at 5:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 (duration) yrs. mos. da.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? chest Pain around heart
 (Signed) M. E. Elliott D.O.
6/12 1929 (Address) Chillicothe 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
Edge Wood Semetary 6/13 1929

20. UNDERTAKER R. M. Marshall ADDRESS
Minordagen & Marshall Chillicothe Mo.

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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1929

PARENTS

Chillicothe Mo.

