

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.

OCT 31 1930

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

Do not use this space.

30760

1. PLACE OF DEATH

County Osage
Township St James
City Soldiers Home (No.)

Registration District No. 678
Primary Registration District No. 5904

File No.
Registered No.
St. Ward)

2. FULL NAME Henry C. Powell

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

Length of residence in city or town where death occurred yrs. 1 mos. 9 da. 23 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) 3/10/1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Member Soldiers Home
(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) Kentucky

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT C. V. Beach (Address) St James Mo.

15. FILED 9-11, 1930 Henry C. Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Sept 9, 1930, that I last saw him alive on Sept 8, 1930, and that death occurred, on the date stated above, at 10 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enteric Capsular Infection of P. Flexu
Fell on Concrete Walk
(duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) arterial Sclerosis
186A (duration) 1 yrs. 9 mos. da.

18. WHERE WAS DISEASE CONTRACTED 65
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? by DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Willington Beer, M. D.
9/10, 1930 (Address) St James 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 Soldiers Home Cemetery DATE OF BURIAL Sept 11 - 1930

20. UNDERTAKER Jonas and Tim Eick ADDRESS St James Mo.

