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.

9990

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K. C. Mo. (No. 803 Topping St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 1258
Registered No.

2. FULL NAME: John Walter Powers
(a) Residence (Usual place of abode) No. 803 Topping St., 10 Ward.
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: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Power
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26 1858
7. AGE: Years 72, Months 9, Days 18. If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Furniture Packer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana
PARENTS
10. NAME OF FATHER: Jacob Power
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Jane Hendershott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
14. INFORMANT: Mary E. Steinmetz
(Address) 803 Topping
15. FILED 3/15, 1931 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3 — 14 1931
17. I HEREBY CERTIFY, That I attended deceased from 2/25, 1931, to 3/14, 1931, that I last saw him alive on 3 — 14, 1931, and that death occurred, on the date stated above, at 11:45 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
131
474
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 10 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) R. Hazelianis, M. D.
3/15, 1931 (Address) 5400 St. John Ave. K.C. 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: Woodlawn, Inde.
DATE OF BURIAL: 3-17 1931
20. UNDERTAKER: Mrs. C. L. Foster
ADDRESS: K. C. Mo.

W. John Be-2659

321 W. Van Brunt Be-0495