

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.

26 1932

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

Do not use this space.

20350

1. PLACE OF DEATH
78 County Carroll Registration District No. 651
Township Little Prairie Primary Registration District No. 5862
City (No.) St. Ward)

2. FULL NAME Tom Powers
(a) Residence, No. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1872

7. AGE YEARS 60 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, Mo.

FATHER 13. NAME Thomas Powers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, Mo.

MOTHER 15. MAIDEN NAME P. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, Mo.

17. INFORMANT (ADDRESS) Charlie Powers

18. BURIAL, CREMATION, OR REMOVAL PLACE Crooked Creek, Mo.

19. UNDERTAKER (ADDRESS) Star Line

20. FILED June 7, 1932 Ada Martin Registrar.

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to June 7, 1932
I last saw him alive on June 3, 1932 Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
arteriosclerosis

Other contributory causes of importance: None

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo. H. Hays, M. D.
(Address) Carrollsville, Mo.

