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

Do not use this space.

24222

File No. 6335

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME James Powell

(a) Residence, No. 1117 N. Compton St., 21 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

3. SEX: Male

4. COLOR OR RACE: Col

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) 4-1-1915

7. AGE: Years 17 | Months 3 | Days 2 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter 24 5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME James Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Hattie Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) A. Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7/9th, 1932

19. UNDERTAKER (ADDRESS) W.C. Gordon Undt. Co. 2648 Morganford

20. FILED JUL -9 1932 Wm. C. Stoner Registrar

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1932, to 7-3-, 1932

I last saw him alive on 7-3, 1932. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous Appendicitis | |
| Peritonitis | 5 days |

Other contributory causes of importance: 121A 121B 129

Name of operation Appendectomy Date 6-28-32

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) R. E. Robinson, M. D.

(Address) City Hospital 2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD