

WRITE PLAINLY, 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.

SEP 22 1932

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

Do not use this space.

25900

1. PLACE OF DEATH
 County Greene Registration District No. 312
 Township Jackson Primary Registration District No. 2431A
 City Osage Beach St. _____ Ward _____

2. FULL NAME James Powell
 (a) Residence, No. King City 978 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. _____
 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. _____

Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Budget Power

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1857

7. AGE YEARS 75 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Oct 1931 11. Total time (years) spent in this occupation _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo
 13. NAME John Powell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Hanora Stack
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Patricia Powell
 18. BURIAL, CREMATION, OR REMOVAL PLACE at Pleasant Hill DATE Aug 24, 1932
 19. UNDERTAKER (ADDRESS) W. H. Taggart
 20. FILED Aug 23, 1932 A. W. Paulette Registrar

7. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to August 22, 1932
 I last saw h. im alive on Aug 22, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Myocardial degeneration
930
 Other contributory causes of importance: 930
 Name of operation _____ 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) A. W. Paulette, M. D.
 (Address) King City Mo

Date of onset
Not known
Intervened
2 yrs
1 yr

