

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

Do not use this space.

26924

1. PLACE OF DEATH

County Lewis Registration District No. H 85-
Township Salem Primary Registration District No. 5648
City (No. _____) St. _____ Ward _____

2. FULL NAME

Cyrus Owen Powell
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Knowlton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1860
7. AGE YEARS 73 MONTHS 1 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

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. retired farmer
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) Merion Co. Mo

FATHER 13. NAME George W. Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merion Co. Mo

MOTHER 15. MAIDEN NAME Mary E. Pattens

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

17. INFORMANT Eva Irene Powell (ADDRESS) Steppenville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Percele Cem. DATE Aug 8, 1933

19. UNDERTAKER Thomas Boal (ADDRESS) Steppenville Mo

20. FILED Aug 10, 1933 Alvin D. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to Aug 6, 1933
I last saw him alive on Aug 6, 1933 Death is said to have occurred on the date stated above, at 10:20 AM
The principal cause of death and related causes of importance were as follows:

Cardiac dilatation Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Physician 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Alvin D. Neal, M. D.

(Address) Steppenville Mo.

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.

AUG 2 9 1933

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