NOV 15 1934

ORIGINAL

STANDARD CERTIFICATE OF DEATH

38186

State Department of Health
Division of Vital Statistics
STATE OF IOWA

1 PLACE OF DEATH

County Schuyler (PRN. 6025) State: Missouri ~~IOWA~~ Registered No. 5

Township [illegible] or Village ____ or

City ~~Coatesville~~ No. ____ St., ____ Ward

(If death occurred in a hospital or institution give its name instead of street and number)

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.

2 FULL NAME Robert Franklin Powers

(a) Residence. No. ____ St., ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nora Powers

6 DATE OF BIRTH (month, day, and year) April 9, 1865

7 AGE Years	Months	Days	If less than 1 day, ____ hrs. or ____ min.
69	5	23	

OCCUPATION

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

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) 1930

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Appanoose County, Iowa

FATHER

13. NAME John Powers

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Emaline Valentine

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Maggie Stout
(Address) Coatesville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
Place Coatesville Cmty Date Oct. 4, 1934

19. LICENSED EMBALMER E. R. Moen No. 2497
(Address) Moulton, Iowa

20. FILED Oct 4, 1934 Clarence Jaell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Oct 2, 1934

I last saw her alive on Sept 30, 1934 death is said to have occurred on the date stated above, at 4:45 PM

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

	Date of onset
Chronic Nephritis.	
1 2	

Contributory causes of importance not related to principal cause:

Name of operation ____ Date of ____

What test confirmed diagnosis? Chem 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) P. Hart M. D.

(Address) Coatsville Mo

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U.S.?_____ If so give name of War_____

I, E. R. Moen Licensed Embalmer No. 2497 hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself L. E. No._____ or by_____ Registered apprentice No._____ working under my personal supervision.

Signed E. R. Moen

Licensed Embalmer No. 2497