

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

Do not use this space

DEC 6 1934

40004

**1. PLACE OF DEATH**

County Macon Registration District No. 527  
 Township Revere Primary Registration District No. 5703  
 City (No. St. Ward)

**2. FULL NAME**

Eugene H Powell

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Sarah E Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 8 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

13. NAME Jas Madison Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Minerva Hancock

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

17. INFORMANT Mrs Jane Powell (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE Nov 7 1934

19. UNDERTAKER Edw. Skinner (ADDRESS) Macon Mo

20. FILED Nov 28 1934 Edw. Simpson Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from October 8 1934 to November 5 1934  
 I last saw him alive on October 26 1934 Death is said to have occurred on the date stated above, at 87 m.

The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis 94B  
acute bronchitis with acute bronchial asthma 10-83

Other contributory causes of importance:  
acute bronchitis with acute bronchial asthma  
 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 6

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Gonsouy M. D.  
 (Address) Macon Mo

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.

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