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.

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

DEC 19 1934

Do not use this space.

40163

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 123
Township — Primary Registration District No. 4363 — Registered No.
City Neosho (No. Sale Hospital St. Ward)

2. FULL NAME Thomas Newton Powers
(a) Residence, No. Goodman Mo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apl 24 1894

7. AGE — YEARS: 40 — MONTHS: 6 — 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. Farmer
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)
11. Total time (years) spent in this occupation 21 Jan 1908

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

FATHER
13. NAME James Powers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Isabelle Shadwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) James Powers Goodman Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodman Mo DATE 10-11 1934

19. UNDERTAKER (ADDRESS) Bigham's Neosho Mo

20. FILED Nov 11 1934 Dr E M Roseberry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to Nov 11, 1934
I last saw him alive on Nov 11, 1934. Death is said to have occurred on the date stated above, at 7:40 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Double Pneumonia, (Lobar) posterior, fracture Lower left leg and upper right leg (femur) following automobile accident on U.S. Highway #7

Other contributory causes of importance:
at Goodman Mo by being struck by car driven by G.B. Webb of Jefferson City, Mo

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-8, 1934
Where did injury occur? Goodman Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile accident
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Orsl A Sale, M. D.
(Address) Neosho Mo

NOV 4 1953