FEB 20 1935

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

Do not use this space.

254

File No. 74

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME James Robert Powell

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

Length of residence in city or town where death occurred yrs. mos. 1/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Maud Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	11	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 3 yrs.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Agency, Mo.

FATHER

13. NAME: Fletcher Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER

15. MAIDEN NAME: Nancy MarionGates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): A. Lee Powell, ST. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sparta Cemetery DATE: Jan. 18, 1935

19. UNDERTAKER (ADDRESS): Walter Meinhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 1-18, 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1935 to Jan 17th, 1935
I last saw him alive on Jan 16th, 1935. Death is said to have occurred on the date stated above, at 12.45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation: none 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) B. W. Tadlock, M. D.
(Address) Kirk Hill Bldg., St. Joseph, 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.

100M-11-24-33

Ring, Hill