

JUL 2 2 1935

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

Do not use this space.

19903

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ray Primary Registration District No. 1109
City Kansas City (No. St. Mary's Hospital) St. _____ Ward _____

File No. 2547
Registered No. _____

2. FULL NAME Thomas A. Powell

(a) Residence, No. 3340 Virginia St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 6 26

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME James Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

15. MAIDEN NAME Barbara Kelly

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

17. INFORMANT Mrs. Nellie Powell (ADDRESS) 3340 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 6/24/35 19

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 6-33 19 31 mm Craine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22/35 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to June 22, 1935

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:AM a.m.

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

Pulmonary edema.
Cardio-vascular renal disease
Hypertension - nephritis.

Date of onset

Other contributory causes of importance:

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 _____

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

If so, specify _____ (Signed) Max Friedman M. D.

(Address) Medical Arts Bldg.

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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Dr. Max Goldstein
President, A.S. 1967

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