

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

Do not use this space.

33450

NOV 27 1935

1. PLACE OF DEATH

County Madison
Township Big Prairie
City (No. _____) _____

Registration District No. 345
Primary Registration District No. 6-1-6

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jack Powell

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED Name and address of spouse <u>Husband of Pearlly Watson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 1881</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>8</u>
	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co. Arkansas</u>		
FATHER	13. NAME <u>Henry Powell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Pearly Powell, Matchless Co. Route 1, Sikeston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) DATE <u>Memorial Park Sikeston, Mo. Oct 8, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>H. G. Welch, Sikeston, Mo.</u>		
20. FILED _____ 19 _____ Registrar _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 a.m. The principal cause of death and related causes of importance were as follows:
Chronic Myo Carditis (From record) 730

Other contributory causes of importance:

Date of onset

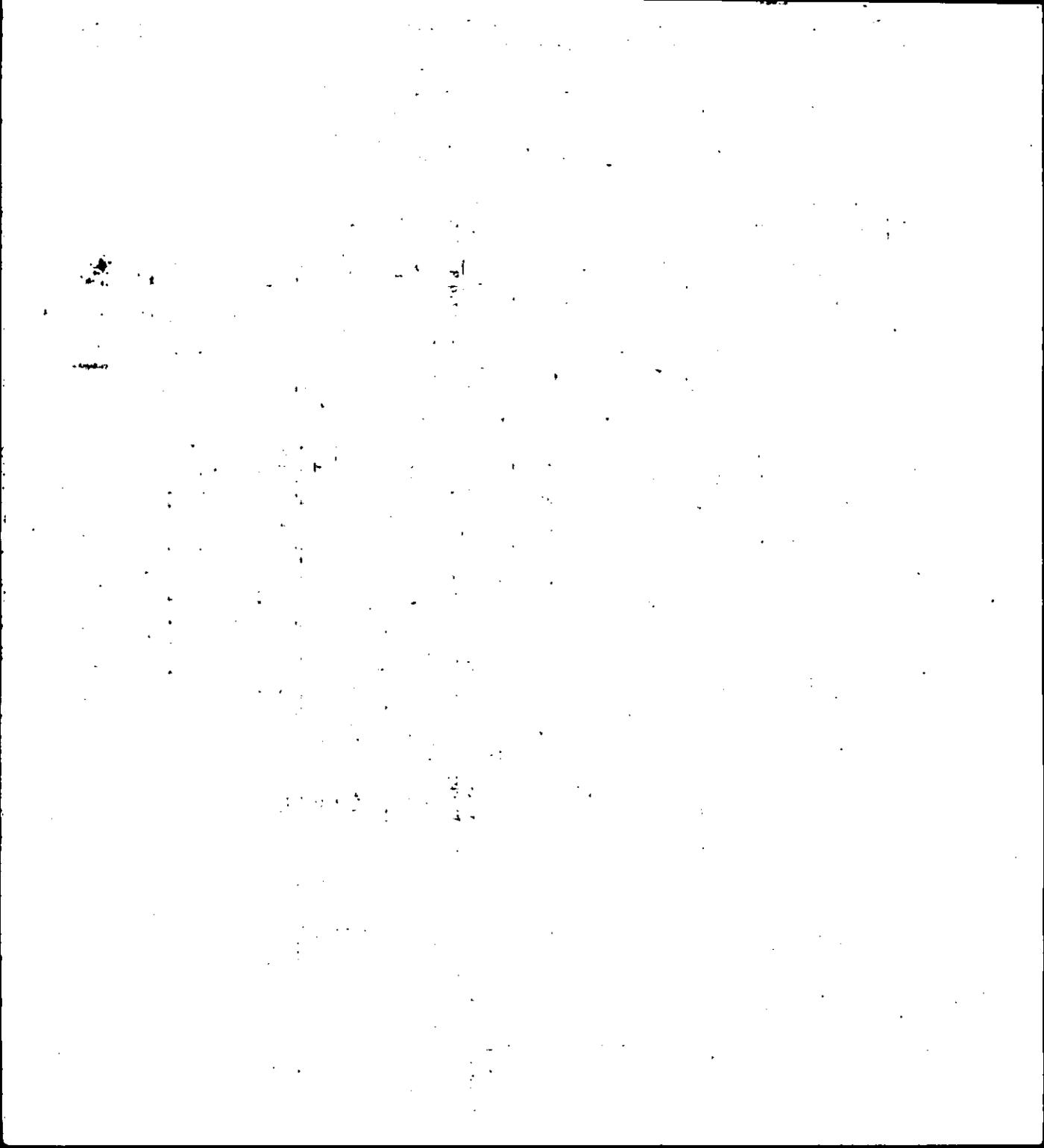
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. B. Richards, Coroner
(Address) New Madrid, Mo

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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