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.

MAR 25 1936

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

Do not use this space.

8693

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 61

City Jefferson Barracks, Mo. No. Station Hospital St. Ward)

2. FULL NAME William Powell

(a) Residence, No. CCC Co. 2680, Eldred, Ill. St. Ward. Eldred, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
33	--	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC Enrollee

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

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Illinois

FATHER

13. NAME Ben B. Powell

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Individual Records, CCC (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Ill. DATE 2-11 1936

19. UNDERTAKER C. Hoffmeister, U-L Co. (ADDRESS) 7814 So. Broadway

20. FILED Feb. 10 1936 E. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1936, to February 9, 1936

I last saw him alive on February 9, 1936 Death is said to have occurred on the date stated above, at 12:10 AM

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

	Date of onset
Pneumonia, lobar, right middle and lower lobes; left lower lobe. Pneumococcus Type III	2/3/36

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? X-ray 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 W. C. Corson

(Signed) W. C. Corson, M. D.

(Address) 1st Lieut., Med-Res.