MAR 25 1936

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

Do not use this space.

12815

File No. .....

Registered No. 2868

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City Saint Louis (No. 3125 Adams Street, St. ..... Ward)

2. FULL NAME Solomon Powell

(a) Residence, No. 3125 Adams Street St., 8 / 8 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~OR WIFE OF~~ Hannah Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7, 1883

7. AGE: YEARS 53 | MONTHS 1 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pacific Ry.

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Mississippi

FATHER

13. NAME Lindsey Powell

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

MOTHER

15. MAIDEN NAME Emaline Brown

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

17. INFORMANT Leola Powell
(ADDRESS) 424a South Garrison Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Mar. 16, 1936

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED MAR 16 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:15 P.

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

Date of onset

Chronic Glomerular Nephritis

Aortic Stenosis; Cardiac Hypertrophy.

Other contributory causes of importance:

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? ..... 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) Harold Pickmy M.D.

(Address) Lexington, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD