

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 2824 Charles)

File No. 36792

Registered No. 1321

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Patrick Powers

(a) Residence, No. 2824 Charles 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. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1896.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>40</u>		<u>6</u>	<u>23</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired Machinist</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>C.B. &amp; Q. Railroad</u>
10. Date deceased last worked at this occupation (month and year) <u>1920</u>	11. Total time (years) spent in this occupation <u>?</u>

12. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William E. Powers

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

MOTHER 15. MAIDEN NAME Mary Higgins

16. BIRTHPLACE (CITY OR TOWN) Arnoldsville  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mary Powers  
(ADDRESS) 2824 Charles Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery  
PLACE St. Joseph, Mo. DATE October 21, 36

19. UNDERTAKER H. O. Sidenfaden  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Oct 21 1936  
A. J. Matthews  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, to Oct. 19, 1936

I last saw him alive on Oct. 19, 1936 Death is said to have occurred on the date stated above, at 1:45 P.m.

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

Cerebral Hemorrhage  
Delirium Tremens

(Date of onset)

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. F. Chastline, M. D.

(Address) 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.

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