

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.

FEB 25 1937

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

File No. 261

Township

Primary Registration District No. 1001

Registered No. 60

City St. Joseph

(No. II22 Powell

St. Ward)

2. FULL NAME Edmund G. Powell Jr

(a) Residence, No. II22 Powell

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 .37 .19

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

22. I HEREBY CERTIFY That I attended deceased from June 15 1936 to Jan 15 1937 I last saw her alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 10.15 P. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1906

Carcerioniasis see 26

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 30 9 1

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

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

10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 5

Date of onset

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

Other contributory causes of importance: Calcification of region (prone) Part of of hrt female

13. NAME E Gray Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? x0

15. MAIDEN NAME Mae McGinnis

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in infancy, home, or in public place.

17. INFORMANT Mrs Mae Powell St. Joseph Mo (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivett DATE Jan 21 1937

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) Barry, Wylke 218 1/2 W. Nestle St. St. Joseph Mo

24. Was disease or injury in any way related to occupation of deceased? If so, specify Frank H. Anderson, M. D. (Address) Kirpalmer Bldg

20. FILED 1-20 1937 Registrar.

FEB 13 1942