

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper 49  
Township Uplena  
City Jasper (No. 420 N. High)

Registration District No. 411  
Primary Registration District No. 2002

File No. 12221  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Gray Power

(a) Residence, No. 420 N. High St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Maria Power  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1887  
7. AGE YEARS 49 MONTHS 8 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hr. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weymouth, Va

13. NAME Willis Power

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weymouth, Va

15. MAIDEN NAME Bonnie

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

17. INFORMANT Edward Power (ADDRESS) 215 1st St. S.E.

18. BURIAL, CREMATION, OR REMOVAL PLACE McHope DATE 3/5 1937

19. UNDERTAKER (ADDRESS) Edmondson Co.

20. FILED 3-3-37 1937 Ed J. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1937  
22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937 to July 28, 1937  
I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at 7:50 P. m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Senility

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) S. A. Hawthorn, M. D.  
(Address) Jasper, 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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