CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County Macon
Township
City Macon (No. , St. Ward)
Registration District No. 5331
Primary Registration District No. 3027
File No. 24219
Registered No. 56

2. FULL NAME Clarence Osmen Powell

(a) Residence, No. St., Ward.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ruth M. Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1" 1878

7. AGE YEARS 59 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

FATHER
13. NAME Bushrod Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Jax Virginia

MOTHER
15. MAIDEN NAME Mary M Tobin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Missouri

17. INFORMANT (ADDRESS) Mrs C O Powell Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cem DATE 6/21 1937

19. UNDERTAKER (ADDRESS) Albert S Kunnee Macon Mo

20. FILED 7/8 1937 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937, to June 19, 1937
I last saw h— alive on —, 19 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1933

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Other contributory causes of importance: —

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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? At his Home fond in bed
(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
(Signed) C O West Coroner, M. D.
(Address) New Cambria Mo