

OCT 18 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. 88

File No. 33657

Township

Primary Registration District No. 1001

Registered No. 963

City St. Joseph

(No. 1216 N. 13th, Ward)

St. _____ Ward _____

2. FULL NAME Jefferson D. Powell

(a) Residence, No. 1216 N. 13th, St. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/22/1861

7. AGE YEARS 76 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) Flag Spring, Missouri (STATE OR COUNTRY)

13. NAME Peter Powell

14. BIRTHPLACE (CITY OR TOWN) Flag Spring, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Hester Powell (ADDRESS) 1216 N. 13th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Cemetery DATE 9/6/37

19. UNDERTAKER Graves Funeral Home (ADDRESS) 806 S. 17th

20. FILED Sept 5 1937 A. J. Matthews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1937, to Sept 3 1937

I last saw him alive on Sept 2 1937. Death is said to have occurred on the date stated above, at 10.00 A.M.

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

Prostatitis

Date of onset 1936

124 lb

Other contributory causes of importance: Curvature of liver

Name of operation Prostatic Op Date of 8-5-37
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? _____ (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) A. H. Kelbey M. D.

(Address) St Joseph 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.

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