

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Towship Fulton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 104Primary Registration District No. 5153File No. 37310Registered No. 2512. FULL NAME Samuel 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in the word) Married

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

5/19 1855

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

7. AGE 82 YEARS MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. Retired

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) (STATE OR COUNTRY) Mo.

13. NAME William Powell

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

15. MAIDEN NAME Mary Fitzhuth

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

17. INFORMANT Chas. Powell (ADDRESS) Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Mo. DATE 10/22 37

19. UNDERTAKER Herndon Taylor (ADDRESS) Fulton Mo.

20. FILED Oct 21 1937 R. W. Cream Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1937I HEREBY CERTIFY, That I attended deceased from Oct. 2nd 1937 to Oct. 21st 1937I last saw him alive on Oct. 20 1937 Death is said

to have occurred on the date stated above, at _____ m.

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

Uremic poison.

Date of onset

Other contributory causes of importance

Enlarged prostate
Chronic nephritis
arterio-sclerosis

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) A. Ferguson, M. D.(Address) Fulton Mo.

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

