

DEC 27 1937

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

Do not use this space.

Burr
42124
File No. 326 3 28
Registered No. 668

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. _____)

Registration District No. 665
Primary Registration District No. 3032

St. _____ Ward _____

2. FULL NAME Charles T. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Clara Jolly Powell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18, 1857</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>0</u>	DAYS <u>24</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION

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

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

13. NAME R. C. Powell

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

15. MAIDEN NAME Martha Payne

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

17. INFORMANT Mrs. C. T. Powell (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Nov. 14, 1937

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED 11-14-37 1937 Frank Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

10-28, 1937, to 11-12, 1937I last saw him alive on 11-12, 1937 Death is saidto have occurred on the date stated above, at 8:55 a m

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

Date of onset

Uremia following prostatic hypertrophy

prostatectomy

11/7/37

Other contributory causes of importance:

enlarged prostate gland

prostatectomy

Name of operation prostatectomy Date of 11-7-37

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) Dr. Oyer M. D.(Address) Sedalia, Mo.

