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.

REC'D JUL 14 1938

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

Do not use this space.

21341

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. 2910 No 7 St. Ward)

File No.
Registered No. 595

2. FULL NAME Rolla Powell
(a) Residence, No. 2910 N. 7th 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 Emma Powell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8 1895
7. AGE YEARS 43 MONTHS 1 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician
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) Caldwell Co. Missouri 0 1

FATHER
13. NAME Isaac Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 0

MOTHER
15. MAIDEN NAME Susan Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge Missouri

17. INFORMANT (ADDRESS) Mrs Herman Evans 2910 No 7
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton Mo DATE June 4, 1938
19. UNDERTAKER (ADDRESS) G. R. Houghton Hamilton Missouri
20. FILED June 4, 1938 H J Nettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to May 1, 1938
I last saw him alive on May 1, 1938. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	3/1/38
4 6 B	

Other contributory causes of importance:
none

Name of operation Gastro-enterostomy Date of Feb 1-38
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) John J. Byrne M. D.
85 (Address) St. Joseph Mo.