

DESD OCT 5 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Theaton
City (No.) St. Ward

Registration District No. 31
Primary Registration District No. 5042c

File No. 31614
Registered No. 26

2. FULL NAME

John Wilburn 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April - 14 - 1938, to April - 16 - 1938
I last saw him alive on, 19... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1862

to have occurred on the date stated above, at 10 am.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 1 10

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

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

Date of onset 4-14-38

Apoplexy
gout

Other contributory causes of importance:

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

MOTHER 13. NAME John Powell

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

MOTHER 15. MAIDEN NAME Sarah Kiff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT Richard Powell
(ADDRESS) Theaton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockycomfort DATE April 10 1938

19. UNDERTAKER G. A. Pogue & Son
(ADDRESS) Theaton Mo.

20. FILED Sept 30 1938 Donald Blankenship
Registrar

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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 O. S. McCall M. D.

(Signed) Wheaton Mo. (Address)

RECEIVED

District Health Officer No. 67

District File Number 6-38-209

Date Filed 10-2-38