

REC'D FEB 28 1939

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

Do not use this space.

4273

1. PLACE OF DEATH

County *North*  
Township *June*  
City *Oxford*

Registration District No. *1057*

Primary Registration District No. *6214*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*John Franklin Powers*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Widowed*

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

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

*Aug 8, 1865*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*73*

*3*

*21*

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

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

*Marshall County Iowa*

13. NAME

*W. H. Powers*

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

*Illinois*

15. MAIDEN NAME

*Phoebe A. Jones*

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

*Illinois*

17. INFORMANT (ADDRESS)

*Eldon Powers Oxford*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Oxford*

DATE *Jan 31, 1939*

19. UNDERTAKER (ADDRESS)

*Adams Parnell Co*

20. FILED *Jan 31, 1939* *Mrs O. H. Bond* Registrar

MEDICAL CERTIFICATE OF DEATH

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

*Jan 29, 1939*

22. I HEREBY CERTIFY That I attended deceased from

*June 2, 1938, to Jan 29, 1939*

I last saw him alive on *Jan 9, 1939*. Death is said

to have occurred on the date stated above, at *11:20 a.m.*

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

*cytic Paraplegia -* Date of onset *1937*

Other contributory causes of importance:

Name of operation *None* Date of \_\_\_\_\_

What test confirmed diagnosis? *Physical findings* Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in and 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. *V*

Manner of injury *V*

Nature of injury *V*

24. Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify \_\_\_\_\_

(Signed) *R. H. Hess* M. D.

821 (Address) *Franklin, 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.

