WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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2
1

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

REG'D AUG 1 1939

Do not use this space.

1. PLACE OF DEATH
County Howard, Registration District No. 378 File No. 25736
Township Primary Registration District No. 4222 Registered No. 38
City Fayette, (No. , St. Ward)

2. FULL NAME William Lafayette 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 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 Bettie Powell.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/3rd 1870
7. AGE YEARS 69 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri, 0

FATHER
13. NAME Rice Powell, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER
15. MAIDEN NAME Saeah Long.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Mrs C.O. Ewens, Fayette, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Boone Co. DATE 7/15th 1939
19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.
20. FILED July 22, 1939 Vic. Bonham Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to 7-13, 1939
I last saw him alive on 7-13, 1939. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia - Terminal | 7-10-39 |
| 46 | |

Other contributory causes of importance:

| | |
|---|---|
| Intestinal Malignancy | 1937 |

Name of operation None Date of
What test confirmed diagnosis? Xrays 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) Wm J. Shaw, M. D.
339 (Address) Fayette, Mo.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/24/39