

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40754

1. PLACE OF DEATH

County MonroeRegistration District No. 579Township MarionPrimary Registration District No. 5776City Madison

(No. _____)

St. _____ Ward _____

2. FULL NAME Harrison Stansbury 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFPowell
Mary Elizabeth Garnett

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

8/19/1825

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.79411

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

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Washington Co. - Pa. 2

FATHER

13. NAME

Barnes Powell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Pa.

MOTHER

15. MAIDEN NAME

Powell16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Pa.17. INFORMANT
(ADDRESS)James Powell
Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buried thereDATE Dec. 31, 193219. UNDERTAKER
(ADDRESS)Fred A. Thompson
Madison, Mo.

20. FILED

12/30

19

32. Fred A. Thompson

Registrar

W. W. Subank

MEDICAL CERTIFICATE OF DEATH

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

19

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932 to Dec 30, 1932.I last saw him alive on Sept 29, 1932. Death is saidto have occurred on the date stated above, at 1:40 p.m.

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

Influenza
Myocarditis several months93D
11B
Other contributory causes of importance:
1930

Name of operation _____

Date of _____

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? no

If so, specify _____

(Signed) T. B. Turner D. M.D.(Address) Madison, Mo.

