

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

Do not use this space.

30308

1. PLACE OF DEATH

County Moniteau Registration District No. 571
Township Wells Primary Registration District No. 5769
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 58

2. FULL NAME

(a) Residence No. John M. Powell St. _____ Ward _____
(Usual place of abode) County Mon (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 1874</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME John M. Powell

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

15. MAIDEN NAME Spencer

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

17. INFORMANT Theresa Powell
(ADDRESS) Spencer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sweetwater DATE Oct 1 1933

19. UNDERTAKER J. W. ...
(ADDRESS) California Mo

20. FILED 9-30-33 H.R. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on 9-28-, 1933. 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 _____
Paralysis
82 D 82 D
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) L. M. Gray, M. D.
(Address) California Mo

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.

OCT 20 1933

