

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

Do not use this space.

459

1. PLACE OF DEATH

County Cass
Township _____
City Belton (No. _____)

Registration District No. 148
Primary Registration District No. 4082

File No. 3
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George W. Powell

(a) Residence. No. Belton, Mo. 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)

Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF

Alline Van Hook Powell

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

Sept. 6, 1845

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 84 | 4 | 8 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Ohio

10. NAME OF FATHER

James Powell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio

12. MAIDEN NAME OF MOTHER

Julia Baldwin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

14.

INFORMANT J. L. Powell
(Address) Belton, Mo.

15.

FILED 1-14, 1930 R. M. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15 1930

17. I HEREBY CERTIFY, That I attended deceased from him from 1-12, 1930, to 1-14, 1930, that I last saw him alive on 14 of Jan, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplectic seizure

CONTRIBUTORY (SECONDARY)

1401

18. WHERE WAS DISEASE CONTRACTED

✓ IF NOT AT PLACE OF DEATH? _____

✓ DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Curry S. Wood, M. D.

1-14, 1930 (Address) Belton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Belton Mo Jan 16 1930
ADDRESS Belton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

591-19
1930

