

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.

MISSOURI 3 1932

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

Do not use this space.

22342

1. PLACE OF DEATH
26 County Cole Registration District No. 213
3 Township..... Primary Registration District No. 5014
8 City Jefferson City (No..... St..... Ward.....)

File No. 166
Registered No.....

2. FULL NAME Nicholas J. Powers
(a) Residence, No. 420 E. High St. 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 Annie Powers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired shoe man.
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) St. John's, Newfoundland.

FATHER
13. NAME Unknown

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank A. Powers Nevada, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE July 21, 1932

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home 715 E. High St. J.O.Mo.

20. FILED 7/25/32 Dr. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1932

22. I HEREBY CERTIFY That I attended deceased from May 7, 1932 to July 20, 1932
I last saw him alive on July 19, 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Terminal Pneumonia
-Wahar - Date of onset July 17 - 1932
10:20
11:2
Other contributory causes of importance: Sincerely about 10 yrs.
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical 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) Jas. A. Hall M. D.
(Address) Jefferson City Mo

