

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

Do not use this space.

JAN 27 1937

**1. PLACE OF DEATH**

County Saline Registration District No. 798  
Township Saline Twp. Primary Registration District No. 604  
City (No. ) St. Ward

File No. 49412

Registered No. \_\_\_\_\_

**2. FULL NAME** Adam Franklin 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Saline Co. Mo.

13. NAME Trigun Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

15. MAIDEN NAME Georgia Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Co. Mo.

17. INFORMANT T. H. Powell  
(ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE At Home DATE Nov 17 1936

19. UNDERTAKER T. H. Campbell  
(ADDRESS) Marshall Mo.

20. FILED Jan 5 1937 C. L. Chiswell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1936 to Nov 15 1936

I last saw him alive on Nov 15 1936. Death is said to have occurred on the date stated above, at 11:50 p.m.

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

Stroke with (6 months)  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) Dr. H. H. Jones M. D.  
(Address) Marshall Mo.

MARGIN RESERVED FOR BINDING  
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.

MEMORANDUM FOR THE DIRECTOR, FBI

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint and illegible text, likely a memorandum or report.]