

FEB 16 1937

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

Do not use this space.

553

1. PLACE OF DEATH

County Cedar Registration District No. 165
Township Washington Primary Registration District No. 5234
City (No. _____) _____ St. _____ Ward _____

File No. Jan 23, 1937
Registered No. 1957

2. FULL NAME G. L. 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 _____ 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 56 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Cedar Co. Mo.

13. NAME G. L. Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So Carolina

15. MAIDEN NAME Mary Jane Niece

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So Carolina

17. INFORMANT (ADDRESS) Mrs Tom H. Offspring, Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ground DATE Jan 19 1937

19. UNDERTAKER (ADDRESS) H. C. Davis & Co, Charleston, Mo.

20. FILED Jan 23 1937 Mrs R. A. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1937

22. I HEREBY CERTIFY that I attended deceased from April 1 1936 to Jan 18 1937

I last saw him alive on January 18, 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: _____

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?

If so, specify Aspirin (Signed) _____, M. D.

(Address) Charleston Mo

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.

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