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.

SEP 10 1937

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

Do not use this space.

29060

1. PLACE OF DEATH

County 2

Township .....

City ..... (No. 3521, MARKET St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. .....

Registered No. 7693

2. FULL NAME DAN POWELL

(a) Residence, No. 3521 MARKET St., 18 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: COLORED

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ WILLIE POWELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/9/1887

7. AGE: YEARS 49 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

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) MEMPHIS TENNESSEE

FATHER

13. NAME TAYLOR POWELL

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

MOTHER

15. MAIDEN NAME LAURA MILLER

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

17. INFORMANT (ADDRESS) WILLIE POWELL 3521 MARKET ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FATHER DICKSON DATE 8-16 1937

19. UNDERTAKER (ADDRESS) LOVE UNDERTAKEING CO. 3103 WASHINGTON BLVD.

20. FILED AUG 16 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1937, to Aug. 10, 1937

I last saw him alive on Aug 9, 1937 Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Lobar Pneumonia Aug. 2

Date of onset

108

Other contributory causes of importance:

Cold (non specific)

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 — 1

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

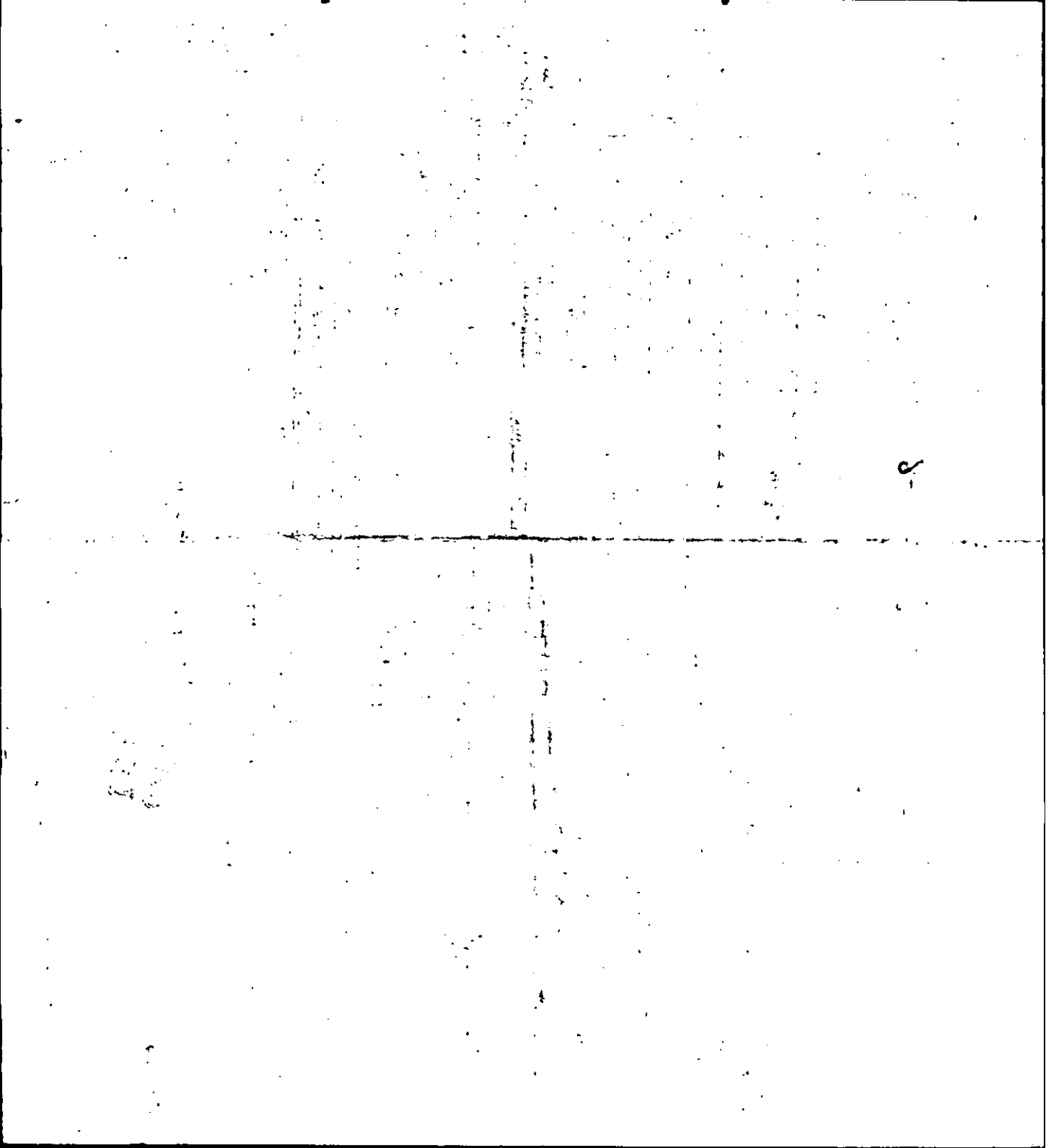
(Signed) J. A. Flowers, M. D.

(Address) 1711 N. 10th St.

2432

2

31

31

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