

KENTUCKY
 STATE DEPARTMENT OF HEALTH
 Division of Vital Statistics
 CERTIFICATE OF DEATH

File No. 3154

County _____

Registration District No. _____

File No. 3154

Village _____

Primary Registration District No. _____

Reg. No. 1223

City _____

(No. 10 St. Joseph St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ dt.

2. FULL NAME Reginald B. Powell(a) Residence: No. 304 W. Main St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M51. DATE OF DEATH (month, day, and year) March 12, 19305a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Powell

22. I HEREBY CERTIFY, That I attended deceased from _____

6. DATE OF BIRTH (month, day, and year) Aug 17

18. _____ to _____, 19. _____

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

If LESS than 1 day, _____ hrs. or _____ min.

I last saw him _____ alive on _____, 19. _____, death is said to have occurred on the date stated above, at 10 P.M.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

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

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

Date of onset

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Asphyxiation due to total collapse of trachea from pneumonia
strangulation due to food lodging in air passage

Contributory causes of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) Mo.13. NAME R. B. Powell

Name of operation _____ Date of _____

14. BIRTHPLACE (city or town) (State or country) Mo.

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Julia M. Cannon

23. If death was due to external causes (violence) fill in also the following:

16. BIRTHPLACE (city or town) (State or country) Ky.

Accident, suicide, or homicide? _____ Date of injury _____, 19. _____

17. INFORMANT J. H. Hawley (Address) New Madrid, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL Place Funeral Date 3-15-30

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (Address) Temple Pro

Manner of injury _____

20. FILED 3-16-30 L. M. Leavelle Registrar.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Chas. B. Garcia M. D.(Address) St. Joseph