

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25809

1 PLACE OF DEATH
County Murderburg
Vet. Pct. Powderly
Inc. Town
City

Registration District No. 1073
Primary Registration District No. 6829
(No. St., Ward)

File No.
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME W. H. Powell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 Single Widowed
Married
Widowed
or Divorced
(Write the word)
6 DATE OF BIRTH Jan 1-1950
(Month) (Day) (Year)
7 AGE 74 yrs. 10 mos. 10 ds.
IF LESS than 1 day hrs. or min?
8 OCCUPATION
(a) Trade, profession or particular kind of work Miner
(b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 10, 1924
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1924 to Nov. 10, 1924, that I last saw ~~him~~ her alive on Nov. 10, 1924, and that death occurred on the date stated above at 11:30 p.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) yrs. mos. da.
Contributory (Secondary)
(Duration) yrs. mos. da.

PARENTS
10 NAME OF FATHER Baxter Powell
11 BIRTHPLACE OF FATHER (State or country) N.C.
12 MAIDEN NAME OF MOTHER Nancy McCarty
13 BIRTHPLACE OF MOTHER (State or country) N.C.

(Signed) S. B. McWhorter, M. D.
Nov. 10, 1924 (Address) Greenville, Ky.
*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. M. Powell
(Address) Powderly Ky.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death yrs. mos. da. State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

15 Filed 11/11/24, 1924
O. D. Wickliffe
Registrar

19 PLACE OF BURIAL OR REMOVAL Lurgans Chapel
DATE OF BURIAL Nov. 11, 1924
20 UNDERTAKER M. B. McDonald
ADDRESS Greenville

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. See instructions on back of certificate.