

J-6477  
STATE OF KANSAS

STANDARD

CERTIFICATE OF DEATH

Do not write  
205 15275  
In this space

State Board of Health—Division of Vital Statistics

1 PLACE OF DEATH: County Wyandotte

Township \_\_\_\_\_ Registered No. 13982  
or City Havens City No. Bethany Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlie H. Powers

(a) Residence. No. Kansas 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Fillie Powers

6 DATE OF BIRTH (month, day, and year) Oct. 17-1864

7 AGE Years Months Days If LESS than 1 day, ..... hrs. or ..... min.  
57 9 11

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9 BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Ill

10 NAME OF FATHER D D Powers

11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or country) Ill

12 MAIDEN NAME OF MOTHER Marie Darity

13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or country) Germany

14 Informant Elgie Powers  
(Address) Edward Payne

15 JUL 29 1922  
AUG 29 1922 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/28 1922

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1922 to July 28, 1922, that I last saw him alive on July 28, 1922, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH \* was as follows:  
Acute nephritis

119

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) ..... yrs. .... mos. .... ds.

18 Where was disease contracted Mildred Kans  
If not at place of death?

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_  
(Signed) D E Smith M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Imperial Kan DATE OF BURIAL 7-29 1922  
20 UNDERTAKER Gibson & Son ADDRESS 646 State

PARENTS