

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 55

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2736

1. PLACE OF DEATH: At home  
(a) County Muhlenberg  
(b) City or town Greenville Ky  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community 18 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Muhlenberg  
(c) City or town Greenville Ky rural  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_ (If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME James Wesley Powell

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife Miss Bell Powell

6(c) Age of husband or wife if alive 65 Years

7. Birth date of deceased April 4 1858 (Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 21 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Madison County

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Don't know

13. Birthplace \_\_\_\_\_

MOTHER { 14. Maiden name Sylvia Hurt.

15. Birthplace Don't know

16(a) Informant's own signature Candy Shukhi

(b) Address Greenville Ky

17. BURIAL, CREMATION OR REMOVAL Place Greenville Ky Date Feb; 26 1940

18(a) Signature of funeral director Luizine Elliott

(b) Address Greenville Ky

19(a) Feb. 26, 1940 (Date received by local registrar) (b) James Gates (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH Feb; 25 1940

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Feb 12 1940 that I last saw he alive on Feb 12 1940 and that death occurred on the date stated above at 3:30 A M.

Immediate cause of death Cerebral Pneumonia

Due to 107

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury 1162

23. Signature E. P. Gates (M. D. or other)

Address Greenville Ky Date signed 2-25-40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.