

Powell, Ancil Daniel 1862 - 1928

Form V. S. 1-50m-10-23-25

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

Series 12007
14

1 PLACE OF DEATH
County Eschsch File No. _____
Vol. White Oak Registration District No. 445 Registered No. _____
Inc. Town _____ Primary Registration District No. 5015
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME A. D. Powell

(a) Residence. No. _____ 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. ds. How long in U.S., if of foreign birth mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, married, widowed or Divorced <u>ML</u> (Write the word)	16 DATE OF DEATH <u>April 23</u> , 19 <u>28</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>April 21</u> , 19 <u>28</u> , to _____, 19____, that I last saw him alive on <u>April 21</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>12:30 p.m.</u>	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			and that death occurred on the date stated above at <u>12:30 p.m.</u>		
6 DATE OF BIRTH <u>March 29</u> , 18 <u>66</u> (Month) (Day) (Year)			THE CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u> (Duration) _____ yrs. mos. <u>2</u> ds.		
7 AGE <u>66</u> yrs. _____ mos. _____ ds.			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Court-clerk</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>J. T. Herrens</u> , M. D. <u>April 23, 28</u> (Address) <u>Irvin 13</u>		
9 BIRTHPLACE (city or town) <u>Ky</u> (State or country)			*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)		
PARENTS	10 NAME OF FATHER <u>Ancil D. Powell</u>		19 PLACE OF BURIAL OR REMOVAL <u>Oakdale Ky</u>		
	11 BIRTHPLACE OF FATHER (city or town) <u>Irvin</u> (State or country) <u>Ky</u>		DATE OF BURIAL <u>April 23 - 1928</u>		
	12 MAIDEN NAME OF MOTHER <u>Jennie</u>		20 UNDERTAKER <u>Dr. Wilson</u>		
	13 BIRTHPLACE OF MOTHER (city or town) <u>Irvin</u> (State or country) <u>Ky</u>		ADDRESS _____		
14 (Informant) <u>A. G. Powell</u> (Address) <u>Irvin 74</u>			15 Filed <u>6/12/28</u> <u>Carrie Mitchell</u> Registrar		

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.