

401531

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 6447
Registrar's No. 124
Location 734 Euclid St.
(St. & No. (or) Name of Institution)
In Arizona 5 yrs
(If outside city limits also write RURAL)
(e) Citizen of foreign country (Yes or No) no

(c) Social Security No. 429-07-8434

1. Place of Death: (a) County Gila (b) City or Town Globe
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 15 days; In Community 5 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 734 Euclid St.

3. (a) FULL NAME John Leonard Powers (b) If veteran name was none
(c) Social Security No. 429-07-8434

4. Sex male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced married

6. (b) Name of husband Euffe Mae Bowers 6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased Dec. 13, 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 17
If less than one day: hrs. ** min. **

9. Birthplace Melwood, Arkansas
(City, town or county) (State or Country)

10. Usual Occupation printer-press

11. Industry or Business newspaper-printer

Father { 12. Name John L. Powers
13. Birthplace unknown
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Ellen Sanderson
15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mae Bowers Powers
(b) Address 734 Euclid St. Globe, Ariz.

17. (a) Burial, Cremation or Removal burial
(b) Place Globe, Ariz. (c) Date Jan 2, 1949

18. (a) Embalmer's Signature Frank E. Peaty
(b) Funeral Director Frank E. Peaty
(c) Address 328 S. Hill St. Globe, Ariz.

19. (a) Dec. 31-48
(Date received Local Registrar)
(b) Gene Wansler
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 30, 1948
TIME (Hour and minute) 5:13 p.m. M.

21. I hereby certify that I attended the deceased from July, 1946 to Dec. 30, 1948
that I last saw him alive on Dec. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Fibrosis of Lungs

Due to _____
Due to _____

Other conditions Bronchitis
(include pregnancy within three months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION:
about 10 yrs.
about 8 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically

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? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature J. C. Harper M. D.
Address Globe, Ariz. Date signed 12-31-48