

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.

AUG 22 1932

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22078

1. PLACE OF DEATH

11 County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City SX. (No. Stop #6, Savannah Interurban) St. _____ Ward _____

File No. _____
Registered No. 54

2. FULL NAME

Paul Francis Powelson
(a) Residence, No. Stop #6, Sav. Int. 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 7 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER
13. NAME Robert O. Powelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donn, Mo.

MOTHER
15. MAIDEN NAME Anna May McGauhey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Kansas

17. INFORMANT (ADDRESS) Mrs. R. O. Powelson R.F.D. #2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE July, 23, 1932

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED July 23 1932 J. J. Bausch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 21, 1932 1932
22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 21, 1932
I last saw him alive on July 19, 1932. Death is said to have occurred on the date stated above, at 3.32 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Other contributory causes of importance:
Diabetes Mellitus
coma.

Name of operation _____ Date of _____
What test confirmed diagnosis? Tubercy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Gluevyl. Fommer M. D.
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

10-11-19

Received of the
Business Bureau, Inc.

the sum of \$100.00

for the year 1919

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