25 1928

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

Do not use this space.

20189

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280

File No. .....
Registered No. 69

2. FULL NAME Ben Powlson
(a) Residence. No. Chandler St. Mo 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1858

7. AGE Years 70 Months Days If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Clay Co. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Mrs G. T. Baldwin
(Address) Chandler Mo

15. FILED 7/10/28 19..... Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to June 27, 1928, that I last saw ~~him~~ alive on June 24, 1928, and that death occurred, on the date stated above, at 5 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
162
7401
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) General Debility
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm Cecil Harrison M. D
6/28, 1928 (Address) Liberty Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kearny Mo.
DATE OF BURIAL 6/27/ 1928

20. UNDERTAKER Church Archer Co
ADDRESS Liberty Mo