WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

OCT 24 1932

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

Do not use this space.

28566

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 926

City St. Joseph, (No. 1308 South 20th. St. Ward)

2. FULL NAME Leonard Ernest Sowell,

(a) Residence, No. 1308 South 20th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 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) August 28, 1912

7. AGE: YEARS 20 — MONTHS 0 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 237
10. Date deceased last worked at this occupation (month and year) Sept. 1932
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton, Missouri,

FATHER

13. NAME James W. Sowell,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri,

MOTHER

15. MAIDEN NAME Laura Smith,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield, Missouri,

17. INFORMANT (ADDRESS) James W. Sowell 1308 South 20th. Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Sept. 28, 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED SEP 28 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ VIEWED ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

23A

(5) 23

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, ~~M.D.~~

(Address) 821 Francis