

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 2208 South 16th.)File No. 40469Registered No. 1450

St.

Ward

2. FULL NAME Francis Henry Poell(a) Residence, No. 2208 South 16th. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds.

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)

Oct. 1, 1931.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

5120

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Child9. 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)

Marysville,
Kansas.

(STATE OR COUNTRY)

FATHER

13. NAME

Albert J Poell

14. BIRTHPLACE (CITY OR TOWN)

Hanover,
Kansas

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Vera Reiner

16. BIRTHPLACE (CITY OR TOWN)

Brookfield,
Missouri

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Albert J Poell
2208 South 16 Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Olivet CemtSt. Joseph, Mo. DATE Nov. 23 36

19. UNDERTAKER

(ADDRESS)

H.O. Sidenfaden Funeral Home
1802 Union Str St. Joseph, Mo.

20. FILED

11-23

19

36 N. J. Neitzel
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 20, 1936, to Nov 21, 1936I last saw him alive on Nov 20, 1936. Death is saidto have occurred on the date stated above, at 4:20 A.M.

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

Date of onset

Lobar Pneumonia3 days

Other contributory causes of importance:

Myo carditisacute

Name of operation

noDate of the

What test confirmed diagnosis?

clinicalWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. W. A. Carey

M. D.

(Address) 303 W. 16th St. St. Joseph, Mo.

WHITE 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.

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