

MAY 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Livingston  
Township Chillicothe  
City..... (No....., ..... St..... Ward.....)

Registration District No. 508  
Primary Registration District No. 5674

File No. 16887  
Registered No. 65

2. FULL NAME William Harrison Powelson

(a) Residence, No..... 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) Feb. 16, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 2 5

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

13. NAME J. F. Powelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME M. V. Shanholtz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Pat Powelson  
(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 4-23 19 37

19. UNDERTAKER F. B. Norman  
(ADDRESS) Chillicothe, Missouri

20. FILED April 21, 1937 Donald D. South, D.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to April 21, 1937  
I last saw him alive on April 21, 1937. Death is said to have occurred on the day stated above, at 10 a. m.

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

Chronic Myocarditis Date of onset 1935

Other contributory causes of importance: 93C

Name of operation..... Date of.....  
What test confirmed diagnosis? fluenzal 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) A. Palmer, M. D.  
(Address) Chillicothe, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

92 80 29

