

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

113 County North Registration District No. 905 File No. 17910
 Township Allen Primary Registration District No. 6216 Registered No. _____
 City Denver (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rhoda Powanz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 1870</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>9</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wood worker</u>		
10. Date deceased last worked at this occupation (month and year) <u>Feb 24 1937</u>		11. Total time (years) spent in this occupation <u>20 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Ludwig Powanz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Angusta Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>J. Brown</u> (ADDRESS) <u>Denver, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miller</u> DATE <u>March 7 1937</u>		
19. UNDERTAKER <u>Brown Bros</u> (ADDRESS) <u>Denver, Mo.</u>		
20. FILED <u>Apr 2 1937</u> <u>A. L. Perrier</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1937 to March 6 1937
 I last saw him alive on March 6 1937. Death is said to have occurred on the date stated above, at 1:40 pm.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Chronic Myocarditis
 Date of onset March 3

Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

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) J. H. Taylor D.O. M.D.
 (Address) Denver, Mo.

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

