

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

State File No. 53715

Registrar's No. 31

Reg. Dist. No. 1
Primary Reg. Dist. No. 2002

Department of Commerce - Bureau of the Census

1. PLACE OF DEATH:
(a) County Adams
(b) Peables
(c) Name of hospital or institution:
(d) Length of stay: in hospital or institution (Days)
In this community (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Adams
(c) City or village Peables
(d) Street No.
(e) If foreign born, how long in U. S. A.?

3. FULL NAME Caswell Powell
(a) if veteran, name war (b) Social Security No.

MEDICAL CERTIFICATION
20. Date of death: Month Sept day 30th
year 1944 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive
7. Birth date of deceased Nov 28 1867
8. AGE: Years 76 Months 10 Days 2

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour, stated above.
Immediate cause of death Suicidal
22. Single shot
Pastor used
Due to bullet entering
left temple and
Due to holing brain
Other conditions Dementia, ill health
Major findings of operation
Major findings of autopsy

9. Birthplace Parden Ohio
10. Usual occupation Retired farmer
11. Industry or business
12. Name John Powell
13. Birthplace
14. Maiden name
15. Birthplace

16. (a) Informant's signature Patricia B. Powell
(b) Address 418 Ballard Ave. Cret. U.
17. (a) Burial, cremation, or other (b) Date Oct 2 1944
(c) Place Mustang Cam, Sacto, Cal.
(d) C. J. Trefz 2240-A
18. (a) C. B. Trefz 1764
(b) Address Peables, Ohio

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence
(c) Where did injury occur? PEABLES ADAMS OHIO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? AT HOME
While at work? (e) How did injury occur?

19. (a) Oct 1/44 (b) W. O. Probst
(Date received local registrar) (Registrar's signature)

23. Signature C. J. Trefz
Address WEST UNION Date signed 9/30/44

VS. 11