

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

Do not use this space.

19986

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... (No. **3652** *Folsom*)..... St. .... Ward.....  
 Registered No. **5750**

**2. FULL NAME**

**WILLIAM F. BOWERS**  
 (a) Residence. No. **3652 FOLSOM** St., **17** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **WIDOWER**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **BRIDGET BOWERS**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**abt. 78**      -      -      -      -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **TWIST MAKER**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **TOBACCO**  
 (c) Name of employer **LIGGETT-MYERSTobCo**

9. BIRTHPLACE (CITY OR TOWN) **CANDEN**  
 (STATE OR COUNTRY) **INDIANA**

10. NAME OF FATHER **UNKNOWN**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **UNKNOWN**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
 (STATE OR COUNTRY)

14. INFORMANT **WALTER A. BOWERS**  
 (Address) **3652 FOLSOM AVE**

15. FILED **22 1927** **may 6 Starr**  
 19..... REGISTER

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 21 1927**

17. I HEREBY CERTIFY, That I attended deceased from **June 17**, 19**27**, to **June 21**, 19**27**, (that I first saw h. .... alive on **June 21**, 19**27**, and that death occurred, on the date stated above, at **1:45 P.M.**)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**90 B**  
 (duration) ..... yrs. .... mos. .... da.

CONTRIBUTORY **General Arteriosclerosis**  
 (SECONDARY) (duration) ..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF .....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Findings**  
 (Signed) **Walter J. Turner**, M.D.  
 , 19 (Address) **Palmer Ave**  
**Manchester**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **OWENSBORO KENTUCKY** DATE OF BURIAL **JUNE 23 1927**

20. UNDERTAKER **W. A. BRUSTER UNDCO** ADDRESS **423-4**  
**MANCHESTER AVE**

WRITE MAINLY 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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