

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

Do not use this space.

23279

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. City Hospital)
 Registered No. **7016** St. Ward)

2. FULL NAME

John B. Owens Bowers
 (a) Residence No. 11 So. 21st St. 22 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 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** Negro **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27, 1923
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
4 3 4
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work nil
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Bowers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Morieshaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT (Address) Anna J. Woodard
City Hospital #2

15. FILED 1927 Mar 6 Starkoff
 REGISTER

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1927
17. I HEREBY CERTIFY, That I attended deceased from June 10 1927, to July 31 1927 that I last saw him/her alive on July 31, 1927, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute nephritis
cause unknown
I.C.

CONTRIBUTORY (SECONDARY) 128
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
 IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, clinical
 (Signed) J. H. Arnold, M. D.
 , 19 (Address) City Hospital #2

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edwardsville Ill
DATE OF BURIAL 8-4 1927

20. UNDERTAKER Dement & Wolfson
ADDRESS 2705 Wash

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.

