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

Do not use this space.

2124-1

1. PLACE OF DEATH
County Pike — Registration District No. 690 — File No.
Township Hartford — Primary Registration District No. 5918 — Registered No. 1
City (No. 2 St. Ward)

2. FULL NAME Henry Anderson Trower
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Trower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	11	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James Trower
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Hobbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Arthur Trower
(Address) Gazette Mo

15. FILED Mar. 29 1928 S. Clyde Craig
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of bowels 12 [illegible]
and senility 16 [illegible]
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11 9 10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. P. P. Burton, M. D
Jan. 27, 1928 (Address) New Hartford, Mo. by SEC

*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 Smyrna Cemetery ~~Grace Bankhead~~ — DATE OF BURIAL Jan 28 1928

20. UNDERTAKER Grace Bankhead — ADDRESS Bowling Green Mo

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.

28 1928