

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

Do not use this space.

1. PLACE OF DEATH  
 County Pike Registration District No. 690  
 Township Hartford Primary Registration District No. 5918  
 City Boford (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Boford Trower (Burford Trower)  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Wd. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 24753  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glema Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
23 X X X X

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Day Laborer (laborer)  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Different ones

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31, 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 \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Myocardial with  
shot gun - 1107 (suicide)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 170  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED MS  
 IF NOT AT PLACE OF DEATH: MS

19. DID AN OPERATION PRECEDE DEATH: No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS: None  
 (Signed) C. W. Davis Coroner  
 , 19 (Address) Bowling Green Mo

\*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.

9. BIRTHPLACE (CITY OR TOWN) near Gaslett  
 (STATE OR COUNTRY) Pike, MO

10. NAME OF FATHER Gasper Trower

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

12. MAIDEN NAME OF MOTHER Eva Pritchett

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

14. INFORMANT Eva Trower mother  
 (Address) New Hartford, Mo.

15. FILED Aug 2, 1928 S. Clyde Craig  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hartford DATE OF BURIAL 8-2-1928

20. UNDERTAKER Grace Burkhart ADDRESS Bowling Green Mo

No. 11—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.

