

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

Do not use this space.

31514

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Kirkwood Primary Registration District No. 3037
 City Kirkwood No. 426 S Kirkwood Rd. St. 143 Ward

2. FULL NAME Mary Lee Bower
 (a) Residence. No. 426 S Kirkwood Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. H. Bower
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 | 7 | 20
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
 (STATE OR COUNTRY) Penn.
 10. NAME OF FATHER William Digby
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) H. S. A.
 (STATE OR COUNTRY) —
 12. MAIDEN NAME OF MOTHER Mary Lee
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) —

14. INFORMANT M. Bower
 (Address) 426 S. Kirkwood Rd.

15. FILED 10/10, 1928 C. A. Barnett, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17 1928
 17. I HEREBY CERTIFY That I attended deceased from September 15th, 1928, to Sept 17th, 1928, that I last saw her alive on September 14th, 1928, and that death occurred, on the date stated above, at 11:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
121
121
3290
 (duration) — yrs. — mos. — ds. 4
 CONTRIBUTORY uraemia
 (SECONDARY) (duration) — yrs. — mos. — ds. 3

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Henry D. Jennings, M. D.
Sept 18, 1928 (Address) 1625 E. Adams, Kirkwood
 *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 Oak Hill DATE OF BURIAL Sept 19, 1928

20. UNDERTAKER Parker Land Co ADDRESS Reber's House

WRITE PLAINLY, 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.

