20 1928

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

Do not use this space.

32845

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1051 — Registered No. 1242

City St. Joseph, (No. 1716 Francis St. Ward)

2. FULL NAME Louisa C. Fowler,

(a) Residence. No. 1716 Francis St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	84	2	29	

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) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER William Fowler,

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

12. MAIDEN NAME OF MOTHER Comfort Alley,

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

14. INFORMANT Mrs. H. W. Gerhage
(Address) Atchison, Kansas,

15. FILED OCT 31 1928 John G. Fitz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from July, 1927, to Oct 30, 1928, that I last saw her alive on Oct 30, 1928, and that death occurred, on the date stated above, at 12 m. noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

28

36 A 97

(duration) many yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Scrofula drama

(duration) 5 yrs. mos. ds.

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? none

(Signed) Daniel Morton, M. D

Oct 31, 1928 (Address) St. Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Mora Cemetery — DATE OF BURIAL: Nov. 1st. 1928

20. UNDERTAKER: Heaton B. Gale & Bowman by Jas. Kaske — ADDRESS: 319 S. 10 St. Funeral Home

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.

[illegible]

[illegible]

[illegible]