SEP 24 1929

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

Do not use this space.

27233

21

1. PLACE OF DEATH
County Clariton
Township Keytesville
City ..... (No. ..... St. ..... Ward)
Registration District No. 171
Primary Registration District No. 5237
File No. .....
Registered No. 13

2. FULL NAME Samuel Joseph Stowers
(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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed. 2 yrs.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 8 - 1835
7. AGE: YEARS 94 | MONTHS 4 | DAYS 27 | If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Harrison Co Ky.

PARENTS
10. NAME OF FATHER: Samuel Stowers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER: McMurtry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

14. INFORMANT: J E Stowers
(Address) Keytesville Mo.
15. FILED Aug 5, 1929 Zettie Sneed REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 5 1929
17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to August 4, 1929 that I last saw him alive on August 4, 1929, and that death occurred, on the date stated above, at 12 25 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia
D Myocarditis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
900
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) William W. Fellows, M. D
Aug 5, 1929 (Address) Salisbury 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: Keytesville City Cemetery
DATE OF BURIAL: Aug 6 1929
20. UNDERTAKER: O L Herring
ADDRESS: Keytesville 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.

Fil[illegible] Victor[illegible]
[illegible]