

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

Do not use this space.

34404

1. PLACE OF DEATH

County Marion
Township Tracy
City Hannibal

Registration District No. 547
Primary Registration District No. 3229
(No. 930, Findell)

File No. _____
Registered No. 244243
St. 3 Ward

2. FULL NAME

George Franklin Fowler
(a) Residence. No. 030 Findell St., Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Sarah Elizabeth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Int Pulaski Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Wm H Fowler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Kiddle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Sarah Fowler
(Address) Hannibal Mo

15. FILED Oct 15 1929 C E Cozens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929, to Oct 14, 1929 that I last saw h. l. a. alive on Oct 14, 1929, and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930
99
Arterio-sclerosis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY myo-cardial degeneration
(SECONDARY) (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 900
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E R Motley, M. D.

1915, 1929 (Address) Hannibal 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 Springfield Ill DATE OF BURIAL Oct 17 1929

BY UNDERTAKER Wm M Smith ADDRESS Hannibal 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.

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