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

Do not use this space.

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1. PLACE OF DEATH

County Montgomery — Registration District No. 591 — File No.

Township Prairie — Primary Registration District No. 5789 — Registered No.

City Middletown (No. ..... St. ..... Ward)

2. FULL NAME ~~Not Named~~ Marie Trower

(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	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) Oct. 5, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 20 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Earnest Josiah Trower
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Allie Shepherd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia

14. INFORMANT E. J. Trower
(Address) Middletown Mo.

15. FILED 10-7, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 6:05 P.M. October 5, 1929 to 7:15 P.M. 10/5, 1929 that I last saw her alive on October 5, 1929 and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxia neonatorum
159
1610 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prematurity (approximately 6 months) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 16 + A

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O H Damron Jr., M.D.

10-6, 1929 (Address) Middletown 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: Middletown Cemetery — DATE OF BURIAL: 10-6 1929

20. UNDERTAKER: Jones & Wells — ADDRESS: Middletown 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.

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] PHYSICIAN [illegible] state CAUSE OF DEATH in plain [illegible] properly [illegible]ified. Exact statement [illegible] OPERATION is [illegible] important.