JAN 21 1930

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

Do not use this space.

40176

1. PLACE OF DEATH
County Davies
Township Monroe
City ~~Hamilton~~ (No. ..... St. ..... Ward)

Registration District No. 250
Primary Registration District No. 5349

File No. .....
Registered No. ~~21~~ 560

2. FULL NAME Oliver P. Bowers.

(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 M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1, 1871.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	11	11	

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) Davies Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm H. Bowers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Davies Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Martha L. Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Davies Co.
(STATE OR COUNTRY) Mo

14. INFORMANT Nettie Bowers
(Address) Hamilton Mo.

15. FILED Dec 13, 1929 P. L. Gardner REGISTRAR
J. B. Sub

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1929

17. I HEREBY CERTIFY, That I attended deceased from For 20 years, 19..., to Dec 13, 1929 that I last saw him alive on Dec 12 1929, and that death occurred, on the date stated above, at 7 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Appendicitis and Chronic Catarral liver that did not act or drain bile
10 yrs 12 [illegible] (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 12 7 [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

17 B

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? Physical findings
(Signed) Lee J. Eads M. D.
12/13, 1929 (Address) Hamilton 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 Lake Fork Cemetry
DATE OF BURIAL Dec 14 1929

20. UNDERTAKER John Haughton
ADDRESS Hamilton 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.

Dr Gardner.