

MAY 28 1930

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

Do not use this space.

15158

1. PLACE OF DEATH

County *Washington*Township *Metz*

City (No. _____) _____

Registration District No. *887*Primary Registration District No. *6179*

File No. _____

Registered No. *33*

St. _____ Ward _____

2. FULL NAME

John Joseph Leonard Gowers(a) Residence No. _____ 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

M.

4. COLOR OR RACE

W.

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) *4-1-1930*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, *9* hrs. or *-* 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) *This Co.*

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Raymond Gowers*11. BIRTHPLACE OF FATHER (CITY OR TOWN) *This Co.*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Valrie Bayer*13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *This Co.*

(STATE OR COUNTRY)

14.

INFORMANT *Raymond Gowers*
(Address) *Potosi, Mo.*

15.

FILED *4/2*, 1930 *Jos. L. Thurman*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-1* 19 *30*

17.

I HEREBY CERTIFY, That I attended deceased from *4-1*, 19 *30*, to *4-1*, 19 *30* that I last saw him alive on *4-1*, 19 *30*, and that death occurred, on the date stated above, at *4 P.* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Prematurity.**159* (duration) *16* yrs. *12* mos. *1/2* ds.

CONTRIBUTORY (SECONDARY) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Jos. L. Thurman*, M. D.*4-2, 1930* (Address) *Potosi, 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

Potosi, Mo.

DATE OF BURIAL

4/3 19 *30*

20. UNDERTAKER

Bayer & Son

ADDRESS

Potosi

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.

STATE DEPARTMENT WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

