

NOV 24 1930

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Howell
City West Plains (No., Ward)

Registration District No. 384
Primary Registration District No. 427

File No. 29768
Registered No. JP
St. Ward)

2. FULL NAME Elizabeth Ellen 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W. L. Stowers.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 11 24

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) Hannibal
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER W. L. Maddox

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. J. S. Knoerle
(Address) West Plains, Mo.

15. FILED 9-11-30 1930 O. A. Heinrich REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1930, to Sept 17, 1930, that I last saw him alive on Sept 2, 1930, and that death occurred, on the date stated above, at 6:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Arteriosclerosis, general

93E97

CONTRIBUTORY (SECONDARY)

Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Claude Robert M. D.7-3-1930 (Address) West Plains 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

Oak Lawn Cemetery

DATE OF BURIAL

9/4/30

20. UNDERTAKER

Hal Thompson

ADDRESS

West Plains 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.

