

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

Do not use this space.

1087

1. PLACE OF DEATH

County St. Louis
Township Barbours
City St. Louis (No. (Fowkes))

Registration District No. 378
Primary Registration District No. 55-27

File No. _____
Registered No. 13
St. _____ Ward)

2. FULL NAME

John M. Fowkes

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 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)

(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER William Fowkes

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

12. MAIDEN NAME OF MOTHER Deborah Fowkes

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

14.

INFORMANT Lawrence Fowkes
(Address) Highway RFD

15.

FILED Feb 8, 1931 V. C. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29th 1931

I HEREBY CERTIFY, That I attended deceased from _____, 1930 to Jan 27, 1931 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Infarction
Chronic

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

CONTRIBUTORY (SECONDARY)

(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? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. H. Wilson, M. D.

Jan 31, 1931 (Address) Highway RFD

*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 DATE OF BURIAL

Myers Chapel Jan 31 1931
20. UNDERTAKER ADDRESS

L. R. Fowkes Highway RFD

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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