

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

Do not use this space.

5727

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City K.C. Mo.

Registration District No. 100  
Primary Registration District No. 100  
(No. 901 West)

File No. 820  
Registered No. 820  
St. 1 Ward

**2. FULL NAME**

(a) Residence. No. 901 West St. 2 Ward. (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-17-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 5 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Conductor  
(b) General nature of industry, business, or establishment in which employed (or employer) Mo Pa 100  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER J. Bowers

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

12. MAIDEN NAME OF MOTHER Lidia Taylor

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

14. INFORMANT (Address) Mrs Elizabeth Bowers  
901 West

15. FILED 2/20 1931 Th. M. Browne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-19 1931

17. I HEREBY CERTIFY, That I attended, deceased from 2/12/31 to 2/19 1931 that I last saw him alive on 2/18 1931 and that death occurred, on the date stated above, at 9:15 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chr. intestinal nephritis  
121 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 197 Peranmia (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED 1

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests

(Signed) James M. White M. D.

2/20 1931 (Address) 818 Realt Road Kc 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 DATE OF BURIAL

St Louis Mo. Feb. 23 1931

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster K. C. 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.

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