

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

Do not use this space.

8986

File No.
Registered No. 4
St. Ward)

APR 21 1931

1. PLACE OF DEATH
County Caldwell Registration District No. 98
Township New York Primary Registration District No. 5145
City Hamilton (No.)

2. FULL NAME Rosamund Bowers St. Ward.
(a) Residence. No. (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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9, 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 2349
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carel Co.
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER John Bowers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mo. Mary Moore
12. MAIDEN NAME OF MOTHER Rosamund Bowers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carel Co.
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. F. E. Williams
(Address) Hamilton, Mo.

15. FILED Mar 17 1931 Mrs. E. F. Gartside
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1931
17. I HEREBY CERTIFY, That I attended deceased from 1931, to Mar 6, 1931, that I last saw her alive on Mar 4, 1931, and that death occurred, on the date stated above, at 8:30 P. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (3 yrs)
Cerebral Neurotoxic 7 days
2 P. (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

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? Physical Diagnosis
(Signed) Hubert H. Booth, M. D.
, 19 (Address)

*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 Present Ridge DATE OF BURIAL Mar 10 1931

20. UNDERTAKER John Haughton ADDRESS Hamilton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

