

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

Do not use this space.

10486

1. PLACE OF DEATH

County Brew Registration District No. 1056
 Township Colony Primary Registration District No. 6597
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 2

2. FULL NAME

Charles Mortan Fowler
 (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 whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/28/1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandhill Mo
Scott Co Mo

13. NAME Walter G Fowler

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

15. MAIDEN NAME Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knapp Co Mo

17. INFORMANT (ADDRESS) George Fowler

18. BURIAL, CREMATION, OR REMOVAL PLACE Danville DATE 3/30/1931

19. UNDERTAKER (ADDRESS) Wm & Bailey
Nutledge, Mo

20. FILED 3/30 (3) Crville Winkler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930, to March 28, 1931
 I last saw him alive on March 18, 1931. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset 1929
92A
125092A

Other contributory causes of importance:
Poor Portal Circulation with Edema

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 1931

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) F. M. Johnston M. D.
 (Address) Spring Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

