

WRITE 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.

94

APR 27 1931

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

Do not use this space.

11309

**1. PLACE OF DEATH**

County St. Francois  
Township Pauzeleton  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 773  
Primary Registration District No. 6023

File No. \_\_\_\_\_  
Registered No. 50  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
20 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 244  
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) St. Francois Co., Mo.

MOTHER 13. NAME E. Elmer Bowyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo.

15. MAIDEN NAME Hellie Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo.

17. INFORMANT E. Elmer Bowyer  
(ADDRESS) 6 Farmington, Mo.

18. BURIAL, CREMATION OR REMOVAL  
PLACE R of P. DATE 3/29 1931

19. UNDERTAKER President and Co.  
(ADDRESS) Farmington, Mo.

20. FILED 329-1931 H. J. Robinson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from May 3 1931, to March 27 1931.  
I last saw her alive on Mar 27 1931. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Septic Peritonitis, abscess of spleen - Date of onset Jan 24/31  
General Septicemia  
Double Labor Pneumonia  
Pleurisy 108 110 112  
Other contributory causes of importance: 11/20  
Pleuropneumonia Haemolytica

Name of operation Aspiration of spleen Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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 \_\_\_\_\_, 19\_\_\_\_  
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 of injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. Appberry M. D.  
(Address) Farmington, Mo.

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Beckett.