

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

Do not use this space.

29817

1. PLACE OF DEATH

County ..... Registration District No. 191  
Township ..... Primary Registration District No. 503 File No. ....  
City St. Louis (No. St. Johns Hospital) Registered No. 8861  
St. .... Ward

2. FULL NAME

(a) Residence, No. Henry Bower St. IV Ward. Vandalia Mo.  
(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 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 Aronia Bower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1857  
7. AGE YEARS 73 MONTHS 9 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture  
10. Date deceased last worked at this occupation (month and year) July 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Jacob Bower

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

15. MAIDEN NAME Unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Mr. Sedford 4445 of Oakland

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE Aug 20 1931

19. UNDERTAKER W. S. Waters (ADDRESS) Vandalia Mo

20. FILED Aug 21 1931 W. S. Waters Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1931

22. I HEREBY CERTIFY, That I attended deceased from July 28 1931 to Aug 18 1931  
I last saw him alive on Aug 17 1931 Death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinomatosis Date of onset  
following carcinoma  
of left leg  
Other contributory causes of importance: 52E 530

Name of operation Amputation of leg Date of July 30 1931  
What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 or injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) Robt. H. Land M. D.  
(Address) 39 01 Park Ave.

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.

