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

Do not use this space.

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 32099
Township — Primary Registration District No. 5032 — Registered No. 261
City Sedalia (No. Bathwell Hosp St. Ward)

2. FULL NAME William Fowler
(a) Residence. No. Syracuse, Mo. 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.

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.

OCT 24 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-24-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	59	6	11	

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

9. BIRTHPLACE (CITY OR TOWN) Smithton
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James Fowler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Kathryn Bohanen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT O. E. Cordry
(Address) Syracuse Mo

15. FILED 9-12, 1931 J. Dorr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11-1931

17. I HEREBY CERTIFY, That I attended deceased from 9-10, 1931, to 9-11, 1931, that I last saw him alive on 9-11, 1931, and that death occurred, on the date stated above, at 10 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured Gall Bladder
127A
127B (duration) yrs. mos. ? ds.
CONTRIBUTORY (SECONDARY) Chr Cholecystitis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Syracuse Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-10-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation Findings
(Signed) Jno B Carlisle, M. D.
9/11, 1931 (Address) Sedalia 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 Smithton, Mo. — DATE OF BURIAL 9-13-1931

20. UNDERTAKER Jewell E. Richards — ADDRESS Lipton Mo