

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

Do not use this space.

38560

1. PLACE OF DEATH

County Hellis
Township De
City Hellis (No. _____)

Registration District No. 66F
Primary Registration District No. 3032

File No. _____
Registered No. 335
St. _____ Ward)

2. FULL NAME

George R. Bowers
(a) Residence No. 1315 J. Laramie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 81

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Peter Burns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unk.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unk.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Lester Ball
(Address) Sedalia, Mo.

15. FILE 11-25, 1931 J. S. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-23 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 14th 1931, to Nov 25, 1931, that I last saw him alive on Nov 23, 1931, and that death occurred, on the date stated above, at 8:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of neck of femur of right leg caused from fall on floor in home (duration) _____ yrs. _____ mos. 25 da.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia (duration) _____ yrs. _____ mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED Versailles Mo.
(NOT AT PLACE OF DEATH?)

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical & X-ray examined by G. R. Polking M. D.
(Signed) _____

, 19 (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 Versailles Cem. DATE OF BURIAL 11-26, 1931

20. UNDERTAKER Kidwell's Undertaking ADDRESS Versailles Mo.

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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