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

Do not use this space.

3566

1. PLACE OF DEATH

111 County Wayne — Registration District No. 891 — File No.

Township ~~Benton~~ — Primary Registration District No. 4540 — Registered No. 3

2 City Piedmont, (No. ..... St. ..... Ward)

6 2. FULL NAME Charles William Stowers,

(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.

EB 25 1932

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) 11/28/1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	1	18	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2

PARENTS

10. NAME OF FATHER D.K

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) D.K. 31

12. MAIDEN NAME OF MOTHER Pheba A.Haskins,

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

14. INFORMANT Sadie Adams
(Address)

15. FILED 1/18, 1932 T.C. Piles M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/16 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Jan 16, 1932 that I last saw him alive on 1/15, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis and Nephritis 92A
122A
97
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys & Chem. Exam
(Signed) T.C. Piles M. D.
, 19 (Address) Piedmont, 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	DATE OF BURIAL
Miles Cemetery,	1/17 1932
20. UNDERTAKER	ADDRESS
Yates Und. Co.	Piedmont, 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.