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.

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

Do not use this space.

5685

1. PLACE OF DEATH
81 County Phelps — Registration District No. 677 — File No.
2 Township Rolla — Primary Registration District No. 4403 — Registered No. 6
4 City (No. ..... St. ..... Ward)

2. FULL NAME Felicia Ann Fowler

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fe. — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF W. B. Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1861

7. AGE — YEARS 70 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Salem, Mo.

FATHER
13. NAME R. M. Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Julia Leftwich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. V. K. Smith, Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE Mo 2/7/1932

19. UNDERTAKER (ADDRESS) Harry R. McCaw, Rolla, Mo.

20. FILED Feb. 6, 1932 Jos. F. Ayers Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1932 to 2/6, 1932
I last saw her alive on Feb 6, 1932 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/5/32
82A 118C	
Other contributory causes of importance	
Acute Indigestion	2/5/32

Name of operation ..... Date of .....
What test confirmed diagnosis? (1) Was there an autopsy?

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 or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. S. Smith, M. D.
(Address) Rolla Mo.