

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.

CGI 25 1932

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

Do not use this space.

25788

1. PLACE OF DEATH

County Dade
Township Center
City Emerton Mo. (No. _____)

Registration District No. 237
Primary Registration District No. 5223

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME

William Hadley Bowler

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1926
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 8 1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) S. W. Emerton Mo. (STATE OR COUNTRY)

FATHER

13. NAME Ernest P. Bowler
14. BIRTHPLACE (CITY OR TOWN) Dade Co. Mo. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Litha E. H. Lewis
16. BIRTHPLACE (CITY OR TOWN) Dade Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Hade Stealy (ADDRESS) #2 Emerton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Aug. 31 1932

19. UNDERTAKER J. W. Ward (ADDRESS) Greenfield Mo.

20. FILED Aug 31, 1932 E. O. Ball Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1931, to Aug. 30, 1932.
I last saw him alive on Aug. 29, 1932. Death is said to have occurred on the date stated above, at 6 P. M.
The principal cause of death and related causes of importance were as follows:

Erysipelas followed by extensive suppurative of scalp ending with brain abscess.

Other contributory causes of importance:

Name of operation no operation Date of _____
What test confirmed diagnosis? clinical finding Was there an autopsy? No.

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) J. O. Cowan, M. D.
(Address) Greenfield Mo.

