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

Do not use this space.

35537

1. PLACE OF DEATH

46 County Howell — Registration District No. 584 — File No. 99

Township Howell — Primary Registration District No. 5535 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Rena 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.

JAN 9 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FE	wht	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chariton Co., Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. V. Swearingen

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

12. MAIDEN NAME OF MOTHER Wyatt

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

14. INFORMANT S. H. Stowers
(Address) West Plains, Mo.

15. FILED 11-28, 1932 O. P. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1932, to Nov 28, 1932 that I last saw her alive on Nov 28, 1932, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

131 Probably several (duration) ..... yrs. ..... mos. ..... ds.

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

131

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) D D Cox, M. D.
Nov 30, 1932. (Address) Pomona 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
Oak Lawn	11-31-1932

20. UNDERTAKER	ADDRESS
M Farland's	West Plains Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

32 - 14 28
57 5 - 4
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75 - 6 - 24