

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

Do not use this space.

2
38232

1. PLACE OF DEATH

County Andrew Registration District No. 13
Township Jefferson Rodman Primary Registration District No. 0016
City (No.) St. Ward)

File No.
Registered No. 96

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Taylor Hower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27-1897</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>2</u>	DAYS <u>4</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Boone Co, Iowa

FATHER 13. NAME Adam Hower

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pittsburg Penna

MOTHER 15. MAIDEN NAME Mary Coomer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Boone Co Iowa

17. INFORMANT (ADDRESS)
Sammie Hower

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 12-1-32

19. UNDERTAKER (ADDRESS)
E. J. Spirit

20. FILED 19 32
W. J. Jeffers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932 to Dec 1st 1932

I last saw him alive on Nov 30, 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach

Date of onset
1931

Other contributory causes of importance:
4-6 B

Name of operation Explantation Date of Nov 15
What test confirmed diagnosis? Physical 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) W. J. Jeffers, M. D.
(Address) Savannah 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.

JAN 21 1933

