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.

41283

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 3036 — Registered No. 177
City St Charles (No. ..... St. ..... Ward)

2. FULL NAME Lavy Towers
(a) Residence, No. 414 Monroe st. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roger Towers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22nd 1862
7. AGE: YEARS 79 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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: 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

FATHER
13. NAME: Roger Maddox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Lavy Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Towers, St Charles, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Miller Cemetery DATE: 12/23, 1932
19. UNDERTAKER (ADDRESS): Morris Muschany, Hamburg, Mo
20. FILED: 12/23, 1932 Hy. G. Bloebaum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to Dec 21, 1932
I last saw her alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
97	

Other contributory causes of importance: ①

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) T. L. Hardin, M. D.
(Address) St Charles, Mo.