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.

41790

File No. 10876

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 2067

City St. Louis (No. City Hospital St. ..... Ward)

14896

2. FULL NAME Pryor Bowers

(a) Residence, No. 738 No. Euclid St., Ward. 12
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Bowers.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26-1895

7. AGE: YEARS 37 | MONTHS 4 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elect. Supply

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

FATHER

13. NAME Hy. Bowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Mary Dalton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Lebanon Cem. DATE Dec 9 1932

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave

20. FILED DEC -8 1932 19 Max C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30th, 1932, to Dec. 6th, 1932

I last saw him alive on Dec. 6th, 1932 Death is said to have occurred on the date stated above, at 3:50 PM

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

	Date of onset
Pulmonary Tuberculosis	
Chronic Alcoholism	
239	
15 B	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin 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. McColeman, M. D.

(Address) City Hospital

Bowers