

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

Do not use this space.

13816

**1. PLACE OF DEATH**

58 County Deer Registration District No. 501  
 55 Township Acush Creek Primary Registration District No. 4304  
 3 City Linneus (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malinda Bowyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
 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) Linneus (STATE OR COUNTRY) Missouri

13. NAME Spencer P. Bowyer

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

15. MAIDEN NAME Nealing

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

17. INFORMANT Spencer Bowyer (ADDRESS) Linneus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Ave. DATE April 12, 1933

19. UNDERTAKER Thorne And. Co. (ADDRESS) Linneus, Mo.

20. FILED 4/19 19 33 D. A. Taylor Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1932 to April 11, 1933  
 I last saw h. alive on April 10, 1933 Death is said to have occurred on the date stated above, at 2:20 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of thyroid.  
53 E  
53 D 536  
45 A 536  
 Other contributory causes of importance:  
Auricular fibrillation  
melanosis to base of primary carcinoma  
 Name of operation Thyroidectomy Date of Sept 1932  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y

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. K. Dittman, M. D.  
 (Address) Linneus, Mo.

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. PHYSICIAN'S SIGNATURE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22 1933  
 PHYSICIAN'S SIGNATURE

