

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 26 1934
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MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

39672

PLACE OF DEATH

County St. Louis
 Township Independence
 City St. Louis (No. 4172)

Registration District No. 288
 Primary Registration District No. 4172

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

William Alexander Fowler

(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 M 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 Sarah Keubner Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. (unknown) 1857

7. AGE YEARS 76 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. White lead works since 14 years

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) Tracy, Pa.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Chas. Fowler (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickens St. Louis DATE 12/19/33

19. UNDERTAKER Baldwin Funeral Home (ADDRESS) Kennett, Mo.

20. FILED 1-4 19 34 Wheeler, Ori Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/20/33, 1933, to 12/30/33, 1933.

I last saw him alive on 12/30/33, 1933. Death is said

to have occurred on the date stated above, at 5-P. m.

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

Cerebral Hemorrhage 12/27/33
(Signed) [Signature]

Other contributory causes of importance: _____

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 _____, 1933

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) W. A. Resnell, M. D.

(Address) Kennett Mo

