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.

1934

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

Do not use this space.

100

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No.
Township Mt Pleasant — Primary Registration District No. 3004 — Registered No. 2
City Butler (No. Hospital St. Ward)

2. FULL NAME Francis Milton Bower
(a) Residence, No. Ainsworth St., Nebr 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12th 1911

7. AGE: YEARS 23 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Ainsworth Nebr.

FATHER
13. NAME Thomas S. Bower
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Fannie Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) H. S. McCord Ainsworth, Nebr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ainsworth Nebr. DATE Jan 7 1934

19. UNDERTAKER (ADDRESS) Culvers Butler Mo.

20. FILED Jan 8 1934 Mrs. O. E. Culver Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-34

22. I HEREBY CERTIFY, That I attended deceased from 1215a 1/7/34, 19..., to 4a 1/7/34, 19...
I last saw him alive on 1-7-, 1934. Death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	
710	

Other contributory causes of importance: 710

Name of operation Date of
What test confirmed diagnosis? Ain Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-7-, 1934
Where did injury occur? On Hi Way 71 at Butler (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by Auto
Nature of injury While walking on Hi way

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. D. Lahue, M. D.
(Address) Butler, Mo