

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
 County Polk Registration District No. 678
 Township St. James Primary Registration District No. 5704
 City St. James (No. _____) St. _____ Ward _____

2. FULL NAME Joseph V. Savors
 (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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 6053
Registered No. _____
St. _____ Ward _____

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 - 1864

7. AGE YEARS <u>59</u>	MONTHS <u>2</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	---------------	--

OCCUPATION

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

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) Memphis Tenn (STATE OR COUNTRY)

FATHER 13. NAME D. O.

14. BIRTHPLACE (CITY OR TOWN) D. O. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME D. O.

16. BIRTHPLACE (CITY OR TOWN) D. O. (STATE OR COUNTRY)

17. INFORMANT Dr. H. S. Smith (ADDRESS) Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL buried PLACE Memphis Tenn DATE Feb. 25 1934

19. UNDERTAKER Jones and New York (ADDRESS) St. James Mo

20. FILED 72-25 1934 Henry H. Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1934

I HEREBY CERTIFY, That I attended deceased from Feb 7 1934, to Feb 24 1934

I last saw him alive on Feb 23 1934 Death is said to have occurred on the date stated above, at 6 P. m.

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

Acute Indigestion 24th
9:30
9:00
11:00
Other contributory causes of importance: Arteriosclerosis about 35 years

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 _____

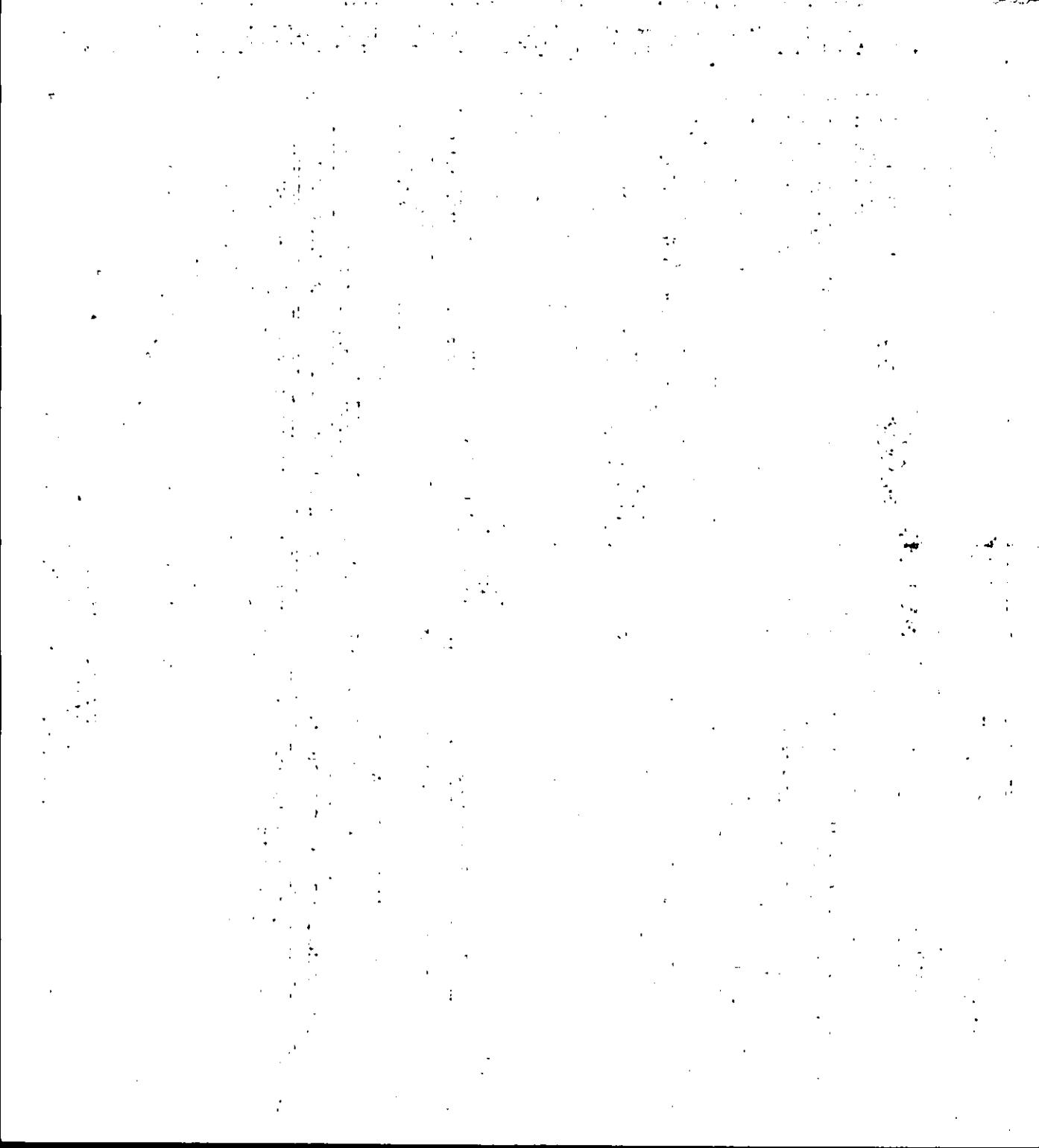
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) H. S. Smith M. D.
(Address) Rolla Mo

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.



6053

Ohelps

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Joseph S Jowers
Who died at _____ on Feb 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 59 Months 2 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: acute indigestion Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Mycarditis *Q3A1*

Other contributory causes of importance arterio sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No
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.
Inmate State Federal Soldiers Home - James Mo
Manner of injury No
Nature of injury No
Was disease or injury in any way related to occupation of deceased? No occupation
If so, specify _____
Name of physician W.S. Smith
Address of physician Rego. Mo

X Signature of Registrar Henry J. Walters Date filed 12-6-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 678
Primary Reg. Dist. No. 5904
Very truly yours,
E. T. McGaugh
State Registrar
Special Agent.

1934
S-6053