

APR 25 1934

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

Do not use this space.

9215

1. PLACE OF DEATH

County Madison
Township Madison
City Madison (No. 4124)

Registration District No. 300
Primary Registration District No. 4124

File No. 9215
Registered No. 1400
St. Madison Ward 1

2. FULL NAME

(a) Residence, No. 4124 Madison St., Madison 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3, 1852</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>7</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
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) <u>MO.</u>		
13. NAME <u>Arth Fowler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Ada Handy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cem.</u> DATE <u>3/29/34</u>		
19. UNDERTAKER (ADDRESS) <u>West, Appleton, Jones</u>		
20. FILED <u>29, 1934</u> <u>M. M. Cron</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26/34

22. I HEREBY CERTIFY, That I attended deceased from Mar 25th, 1934, to Mar 26th, 1934.
I last saw her alive on Mar 25th, 1934. Death is said to have occurred on the date stated above, at 8:15 m.
The principal cause of death and related causes of importance were as follows:
Acute-Broncho-Pneumonia Date of onset Mar 23-34

Other contributory causes of importance
Senility

Name of operation none 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? no 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 Cum Laudlin M. D.
(Signed) — (Address) 1007-N-6th Kan City, Kan.

