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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 398 — File No. 24335
Township — Primary Registration District No. 3019 — Registered No. 250
City INDEPENDENCE (No. 1425 N. OSAGE St. Ward)

2. FULL NAME WALTER LEE BOWER
(a) Residence, No. 1425 N. OSAGE 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: 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~~ REBEKAH E. BOWER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 - 25 - 1879

7. AGE: YEARS 55 — MONTHS 0 — DAYS 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED UNDERTAKER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF
10. Date deceased last worked at this occupation (month and year) TWO YEARS
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FAYETTE MISSOURI

FATHER
13. NAME GEORGE BOWER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD GERMANY

MOTHER
15. MAIDEN NAME ANNA J. LEVERIDGE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FAYETTE MISSOURI

17. INFORMANT (ADDRESS) REBEKAH E. BOWER 1425 N. OSAGE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE AUG. 3, 1934. 19

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME 815 W. MAPLE AVE.

20. FILED Aug 3 1934 F. L. Cook Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 31, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to July 31, 1934
I last saw him alive on July 31, 1934 Death is said to have occurred on the date stated above, at 9:05 PM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Stenosis | 1930 |
| 92A | |
| 97 | |

Other contributory causes of importance:
General arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. C. Hickerson, M. D.
(Address) Independence 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.

AUG 20 1934