

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

Do not use this space.

25187

1. PLACE OF DEATH

County Johnson
Township Madison
City Holden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME Ada Lena Bower

(a) Residence, No. Holden mo. St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10-1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sales Lady</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dry Good Store</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1923</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jcc</u>		
FATHER	13. NAME <u>Jacob B. Bower</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Jane Mapps</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Jesse Bower Holden, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden Cemetery</u> DATE <u>7/15</u>	
19. UNDERTAKER (ADDRESS) <u>H. Murray, Holden mo</u>		
20. FILED <u>July 14, 1934</u> <u>H. C. Murray, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1934

22. HEREBY CERTIFY That I attended deceased from Oct 10, 1933 to July 13, 1934

I last saw her alive on July 13, 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Organic Heart Lesion Date of onset _____

Other contributory causes of importance:
95 B / P 562

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) Samuel Thompson, M. D.
(Address) Holden Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 13 1934

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