N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pike — Registration District No. 689 — File No. 33744

Township ~~[illegible]~~ — Primary Registration District No. 3033 — Registered No. 3

City Louisiana (No. 520 Nebraska St. 3 Ward)

82 5 4

2. FULL NAME Chas. Wm Mower.

(a) Residence, No. 520 Nebraska St., Ward. Louisiana, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W.

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) ~~Sept.~~ Nov. 13 '27

7. AGE ~~70~~ YEARS 6. MONTHS 10. DAYS 3. 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) (STATE OR COUNTRY) Louisiana Mo

FATHER

13. NAME Harry T. Mower.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Ia.

MOTHER

15. MAIDEN NAME Bertha Groce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel, Mo

17. INFORMANT (ADDRESS) Harry Mower Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Riverview DATE Sept-5 1934

19. UNDERTAKER (ADDRESS) M F Susa Louisiana Mo

20. FILED 9-5 1934 F C Haley Jr Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4-1934 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934, to Sept. 4, 1934

I last saw him alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at 1:35 m.

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

| | Date of onset |
|---|---|
| 121B | |
| 121 | |
| General Peritonitis | 9/1/34 |

Other contributory causes of importance:

| | |
|---|---|
| Ruptured Gangrenous Appendix | 8/31/34 |

Name of operation None Date of

What test confirmed diagnosis Autopsy 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) Robert L. Andrae, M. D.

(Address) Louisiana, Mo.