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.

NOV 9 1934

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

Do not use this space.

36955

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 346
Township Cedar — Primary Registration District No. 5894 — Registered No. 668
City ..... (No. Sedalia Route #4 St. ..... Ward)

2. FULL NAME John Fowler
(a) Residence, No. Sedalia RR #4 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Fowler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-20-1866
7. AGE YEARS 78 MONTHS 7 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ill.

FATHER
13. NAME J. B. Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Ann Greeting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know.

17. INFORMANT W. B. Fowler (ADDRESS) 3810 E 68th St K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dresdon DATE 10-14-1934
19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo.
20. FILED 10-14-1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Oct 12, 1934
I last saw him alive on Oct 12th, 1934. Death is said to have occurred on the date stated above, at 6 50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
95B	
Cardio-Nephritis	

Other contributory causes of importance:
Senility

95B2?

Name of operation None Date of
What test confirmed diagnosis? Clinical findings

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? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno B Carlisle, M. D.
(Address) 314 Sohio - Sedalia Mo