

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.

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

Do not use this space.

NOV 21 1934

38348

1. PLACE OF DEATH

County Webster Registration District No. 897
Township Webster Primary Registration District No. 6101
City No. St. Ward

File No.
Registered No.

2. FULL NAME

Earnest Floy Fowler

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY that I attended deceased from June 1 1933 to Oct 6 1934.
I last saw him alive on Oct 1 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1912

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 10 18

Other contributory causes of importance:

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

Pulmonary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Tubercular

10. Date deceased last worked at this occupation (month and year)

23A

11. Total time (years) spent in this occupation

7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rollersfield Mo

13. NAME Robert Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Lucy J. Greel

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

17. INFORMANT (ADDRESS) L. J. Fowler

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Charles Mo 1077 34

19. UNDERTAKER (ADDRESS) L. J. Fowler

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) C. W. Bailey M. D.

(Address) Rollersfield Mo

20. FILED 1076 1934 W. H. Bollinger Registrar.

