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.

FEB 20 1935

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

Do not use this space.

File No. 340

Registered No. 5

1. PLACE OF DEATH
County: Butler
Township: Neely
City: ..... (No. ..... St. ..... Ward)
Registration District No. 88
Primary Registration District No. 5130

2. FULL NAME: Mary Jane Fowler
(a) Residence, No. (Usual place of abode): Neelyville Mo. St. R #1 Ward.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 1862

7. AGE: Years 72. Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Elsmore Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): G. W. Collins Neelyville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Roberts Cemetery DATE: Jan 20 1935

19. UNDERTAKER (ADDRESS): Greer Undertaking Co.

20. FILED: 1-20 1935 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1935, to Jan 19, 1935
I last saw her alive on Jan 15, 1935. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1-10-35

822 1

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) R. L. Turner, M. D.
(Address) Neelyville Mo.