

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

Do not use this space.

586

MAP 26 1935

1. PLACE OF DEATH
 County Blair Registration District No. 201 File No. 3
 Township Liberty Primary Registration District No. 5280 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William 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

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 Sallie Bell Fowler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29-1858
 7. AGE YEARS 76 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Ky.

13. NAME Samuel Fowler

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

15. MAIDEN NAME Mohala Poe

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

17. INFORMANT Nerschel McBoys
 (ADDRESS) Liberty Mo Route 4

18. BURIAL, CREMATION, OR REMOVAL PLACE McBoys Mem DATE 1-13, 1935

19. UNDERTAKER Nerschel Myers
 (ADDRESS) Liberty Mo

20. FILED 1/12, 1935 T. Grant
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec. 15, 1934 to Jan 11, 1935
 I last saw him alive on about Dec 15, 1934. Death is said to have occurred on the date stated above, at 12 noon

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

Other contributory causes of importance:
Emphysema

Name of operation none Date of _____

What test confirmed diagnosis? X 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? _____
 If so, specify William L. Myerson, M. D.
 (Signed) _____ (Address) Liberty Mo

WHITE PLAINLY, WITH OUTFOLDING MARKS THIS IS A PERMITS 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.

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Registrar
T. Grant

