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

MAR 20 1935

Do not use this space.

5300

1. PLACE OF DEATH
County: Jackson Co. Registration District No.: 398 File No.:
Township: Primary Registration District No.: Registered No.:
City: Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME: John Arthur Stowers
(a) Residence, No. 5016 East 7th 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~): Carrie Stowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10, 1877

7. AGE: Years 57 Months 3 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Commerce Trust Co. K.C. Mo
10. Date deceased last worked at this occupation (month and year): Feb 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bland Court House Virginia

FATHER
13. NAME: John C Stowers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bland Court House Virginia

MOTHER
15. MAIDEN NAME: Jennie Repass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bland Court House Virginia

17. INFORMANT (ADDRESS): Robt E. Lee Stowers Garden City, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE: Garden City DATE: 2-6 1935

19. UNDERTAKER (ADDRESS): J. M. Kauffman Garden City Mo.

20. FILED: 2/6 1935 M. M. Crowd asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1935, to 2-6 1935
I last saw him alive on 2-6 1935 Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	2-4-35
Secondary to ruptured transverse colon	2-2-35

Other contributory causes of importance:

Making of transverse colon

Name of operation: Date of:
What test confirmed diagnosis? 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) Clarence A. McGuire, M. D.
(Address) Professional Bldg. K.C.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD