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.

APR 22 1935

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

Do not use this space.

6179

1. PLACE OF DEATH
County NEW MADRID — Registration District No. 55 — File No. 10
Township ~~ANDERSON~~ — Primary Registration District No. 4033 — Registered No. 1077
City GIDEON (No. ..... St. ..... Ward)

2. FULL NAME LAURA ETHEL ODOM FOWLER
(a) Residence, No. F St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. X mos. X 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: GEORGE FOWLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG 3 1895
7. AGE: YEARS 39 — MONTHS 6 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE Wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
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): CARMINE ILLNOIS

FATHER
13. NAME: WYLIE ODOM —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLNOIS

MOTHER
15. MAIDEN NAME: HESS ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLNOIS —

17. INFORMANT (ADDRESS): George Fowler, Gideon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield DATE Feb 4 1935
19. UNDERTAKER (ADDRESS): R. B. Meentemeyer, Gideon Mo
20. FILED Mar 10 1935 M. V. Mumma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 3, 1935
22. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1935, to Feby 3, 1935
I last saw her alive on Feby 2 1935. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PERNICIOUS ANEMIA —	
N/A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? LABORATORY 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) Frank Egner, M. D.
(Address) Gideon, Mo