MAR 28 1935

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

Do not use this space.

6544

1. PLACE OF DEATH
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3034
City Moberly (No. 522 Vincil St. Ward)
File No.
Registered No. 44

2. FULL NAME Susan Rebecca Fowler
(a) Residence, No. 522 Vincil 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James L Fowler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1852
7. AGE YEARS 83 MONTHS 2 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Mo

FATHER
13. NAME Milroy Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Emeline Kimbrough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) A W Butts Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Feb. 25th 1935
19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo
20. FILED 2/25 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24th 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to Feb. 24th, 1935
I last saw her alive on Feb. 23, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris 94a	4 days
Other contributory causes of importance: Arterio Sclerosis	Years 3?

Name of operation None 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. A. Mitchell, M. D.
(Address) Moberly Mo

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