

MAY 20 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County AndrainRegistration District No. 26

Township

Primary Registration District No. 3002City Mexico Mo (No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 904 N. Latney 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)

Divorced

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

R L Stowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 8 - 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

58104

OCCUPATION

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

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

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)

Andrain Co Mo

FATHER

13. NAME

L J. German

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

Boone Co Mo

MOTHER

15. MAIDEN NAME

Nancy Link

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

Callaway Co Mo

17. INFORMANT (ADDRESS)

Soraine Stowers Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Mexico Mo DATE 4-13 1935

19. UNDERTAKER (ADDRESS)

H. H. Creek & Son Mexico Mo

20. FILED

4-12-1935-13 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

4 - 3 - 1935, to 4 - 11 - 1935I last saw her alive on April - 11 - 1935 Death is saidto have occurred on the date stated above, at 2:4 AM

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Parenchymatitis  
Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. J. Harrison, M. D.(Address) Mexico 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.

WHILE LIVING WITH CITIZENSHIP THIS IS A PERMANENT RECORD

