

JUL 1 1935

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

Do not use this space.

15282

1. PLACE OF BIRTH
County Montier Registration District No. 825 File No. _____
Township Montier Primary Registration District No. 6085 Registered No. 4
City Montier (No. _____) St. _____ Ward _____

2. FULL NAME Joanna Kate Bowers
(a) Residence, No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Judson E. Bowers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 16th 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Tiltonville, Ohio</u> (STATE OR COUNTRY)		
13. NAME <u>David Taylor</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Eliza Slaughter</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. Flo Blackmon</u> (ADDRESS) <u>Concepcion, Texas</u>		
18. BURIAL OR REMOVAL PLACE <u>Beer</u> DATE <u>April 25, 1935</u>		
19. UNDERTAKER <u>John F. McNear</u> (ADDRESS) <u>Miss. Miss. Mo.</u>		
20. FILED <u>May 8, 1935</u> <u>Mrs. Lyle Bradley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan -, 1935, to 4 - 22 -, 1935
I last saw him alive on 4 - 21 -, 1935 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
Date of onset _____

Other contributor causes of importance:
Serious

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician 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 _____ of deceased? no
If so, specify _____
(Signed) C. H. Hill, M. D.
(Address) Miss. Miss. Mo.

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