

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

Do not use this space.

17391

JUN 26 1935

1. PLACE OF DEATH

County Pettis Registration District No. 669
 Townshp. Smithton Primary Registration District No. 5892
 City..... (No..... St. Ward)

File No.....
 Registered No. 13

2. FULL NAME

Joseph Johnston Fowler
 (a) Residence No. Sedalia R.T.D. 5 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20. 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 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) Pettis County, Mo.

MOTHER FATHER 13. NAME John H. Fowler

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

15. MAIDEN NAME Jane Breerton

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

17. INFORMANT (ADDRESS) Miss Rose Fowler
Sedalia Route 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 6/1/35, 19

19. UNDERTAKER (ADDRESS) McLaughlin Bros
Sedalia

20. FILED: June 1, 1935 Mrs. J. L. Womsee
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to May 30, 1935

I last saw him alive on May 29, 1935. Death is said to have occurred on the date stated above, at 4:30 p.

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

Carcinoma Prostate Date of onset 1933

Other contributory causes of importance: Carcinoma Spine Sacrum and lungs in 1934

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) J. W. Boyer, M. D.
 (Address) Sedalia, 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.

