

WHITE 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.

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

Do not use this space.

20282

JUL 24 1935

1. PLACE OF DEATH
 County Lincoln Registration District No. 1137
 Township Ninevah Prairie Primary Registration District No. 5-6-57
 City..... (No.....) St..... Ward.....

File No. 1
 Registered No. 44

2. FULL NAME Lou Austin Bowers
 (a) Residence, No..... 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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22nd, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Truxton, MO.</u>		
FATHER	13. NAME <u>John Bowers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Co., MO.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Corley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway Co., MO.</u>	
17. INFORMANT <u>John Bowers</u> (ADDRESS) <u>New Truxton, MO. R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>6 Zion M.E. Cemetery</u> DATE <u>6/22/35</u>		
19. UNDERTAKER <u>R.W. River</u> (ADDRESS) <u>Bellflower, MO.</u>		
20. FILED <u>6/24</u> 1935 <u>Dr. A. D. ...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1935, to 6-22, 1935
 I last saw him alive on 6-22, 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

Infant - Premature
(4 hours old)

Other contributory causes of importance:
159

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?.....
 If so, specify.....
 (Signed) A. S. ..., M. D.
 (Address) Truxton, MO.

