

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.

20549

JUN 26 1935

1. PLACE OF DEATH

County *Madison*
Township *Graham*
City *Graham* (No.)

Registration District No. *622*
Primary Registration District No. *4373*

File No. *118*
Registered No.
St. Ward)

2. FULL NAME

John Wesley Mowry Mowry
(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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-18-1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
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) *Morris Co., Ill*

13. NAME *William Mowry*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mad. / Littersburg*

15. MAIDEN NAME *Irene (Unknown)*

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

17. INFORMANT *Mawry Mowry*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Graham Mo* DATE *June 6 1935*

19. UNDERTAKER *J. Fred Perkins*
(ADDRESS) *Savannah Mo*

20. FILED *June 10 25* *Wm Ed Black*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-2 1935*

22. I HEREBY CERTIFY, That I attended deceased from *4-25 1935* to *6-2 1935*

I last saw him alive on *6-2 1935* Death is said to have occurred on the date stated above, *6-2 1935*

The principal cause of death and related causes of importance were as follows:
Myocardial degeneration 102 years

Other contributory causes of importance:
*151
Chronic nephritis - leukemic*

Name of operation *None* Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *E. W. Findley*, M. D.
(Address) *Graham, Mo*

12/11

822

1267

2000 15