

AUG 22 1935

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

Do not use this space.

21843

1. PLACE OF DEATH

County Shelby
Township Bethel
City Bethel Mo (No. 4494)

Registration District No. 826
Primary Registration District No. 6497

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME August Bower

(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 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</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>Priscilla Bower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-24-1846</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>7</u>	DAYS <u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</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) <u>Dec-1934</u>
	11. Total time (years) spent in this occupation <u>70 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo13. NAME J. L. Bower14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany15. MAIDEN NAME Christina Schwaner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany17. INFORMANT (ADDRESS)
Wesley A. Bower Bethel - Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Gene DATE June 9 - 193519. UNDERTAKER (ADDRESS)
Brother Miller - Faulkner Bethel - Mo20. FILED Aug 5 - 1935 Wm L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 193522. I HEREBY CERTIFY That I attended deceased from Dec, 1934, to June 7, 1935I last saw him alive on June 7, 1935 Death is saidto have occurred on the date stated above, at 6 p.m.

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

Cerebral Hemorrhage (Date of onset at 7/15/35)

Other contributory causes of importance:

Chronic Nephritis & ArteriosclerosisName of operation None Date of _____What test confirmed diagnosis? Urinal 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? _____

If so, specify _____

(Signed) J. L. Deussen, M. D.(Address) Bethel 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.

