AUG 20 1935

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

Do not use this space.

23994

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 223
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 213 E 2nd. St. Ward)

2. FULL NAME Tom Brower
(a) Residence, No. 213 E 2nd. 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: M
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: Nellie Brower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1 1895
7. AGE: Years 40 — Months 1 — Days 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Chanute Kans.

FATHER
13. NAME: DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Mrs. J.G. Banks Sedalia Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Passaic Kan DATE 7-10-1935
19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia Mo.
20. FILED 7-9-1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9/35, 19

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to July 9, 1935
I last saw him alive on July 9, 1935. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid stricture of small intestine 7 or 8 inches long & about 10 inches from caecum.	1 Year
Fibroid stricture of sigmoid flexure (Luetic?)	6 Mo

Other contributory causes of importance: In addition this case had been diagnosed by others as pulmonary tub.
Name of operation: None — Date of: Yes
What test confirmed diagnosis? Autopsy — 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: Gilly Negroes Tetsworth & Trader present it autopsy
Nature of injury: No Wasserman or X ray made in this case. No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. Bowles, M. D.
(Address) Sedalia Mo

WRITE 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.

100M-11-24-33