

OCT 18 1935

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

Do not use this space.

28936⁷

1. PLACE OF DEATH

County Cape
Township Apple Creek
City Oak Ridge (No. _____)

Registration District No. 128
Primary Registration District No. 5176B

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

2. FULL NAME

Baby 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 <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20-1931</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>2</u>		
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		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Mo

13. NAME Leslie E. Bowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Mo

15. MAIDEN NAME Mabel Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy Mo

17. INFORMANT (ADDRESS) Leslie E. Bowers

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Sept 23 35

19. UNDERTAKER (ADDRESS) Cragg & Miller Johnson

20. FILED Oct 10-1935 Laura V. Keebe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935, to Sept 22, 1935.

I last saw him alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

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

Premature birth with the trailers of the placenta & cord of the fetus to properly close

Other contributory causes of importance:

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) D. D. Blylock, M. D.
(Address) Oak Ridge Mo

OCCUPATION

FATHER

MOTHER

Date of onset

15 MC

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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 128 File No. 28936
 Township Primary Registration District No. 5176B Registered No.
 City (No.) St. Ward)

2. FULL NAME Infant Brown

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S-

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 - 1935

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

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, months, days) spent in occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Oct 10th 1935 Laura (Veach) Beyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him/her alive, 19..... Death is said to have occurred on the date stated above, at, m. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) R. D. Blaylock, M. D.
 (Address) Oak Ridge mo

SUPPLEMENTARY

Dr. H. H. C. S.