

OCT 25 1935

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

Do not use this space.

30262

1. PLACE OF DEATH

75 County Oregon C.
Township Thayer
City (No.) St. Ward)

Registration District No. 632
Primary Registration District No. 5838

File No.
Registered No. 24

2. FULL NAME

Willis Bauer Bowers

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	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 Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1924		
7. AGE YEARS 11	MONTHS 8	DAYS 15
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
	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)
Hoxie Ark

13. NAME
A. W. Bowers

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

15. MAIDEN NAME
Grace Spain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Green Co Ark

17. INFORMANT (ADDRESS)
Harold Cantrell Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Davis Cem Sep 28 35

19. UNDERTAKER (ADDRESS)
None

20. FILED Sept 27 1935 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 27 35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 26-31 1935 to Sept 27, 1935

I last saw him alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 8:30 PM.

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

Peritonitis
ruptured appendix
Date of onset Sept 23
-35

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? No
If so, specify

(Signed) J. A. Bowers, M. D.
(Address) Thayer 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.

