NOV 21 1935

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

Do not use this space.

32333

1. PLACE OF DEATH
County Dunklin
Township
City Malden (No. ..... St. ..... Ward)
Registration District No. 287
Primary Registration District No. 4173
File No.
Registered No. 42

2. FULL NAME Lucy (Dora) Fowler
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Wht.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Geo. F. Fowler Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 20, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Aug. 1st '35
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Jonathan Venable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Elizabeth Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Miss Julia Fowler 4311 Forest Park, St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden DATE 10-5 1935

19. UNDERTAKER (ADDRESS) W. L. Craig Malden

20. FILED 10-4 1935 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-4- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1935, to 10/4 1935
I last saw her alive on 10/3 1935. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Pancreas. —	7/1/35
46	

Other contributory causes of importance:
—
—

Name of operation None Date of —
What test confirmed diagnosis? Birth Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury —, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) Graydon Carlstrom, M.D.
(Address) Malden - 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.

G.D.C.