

NOV 25 1935

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

Do not use this space.

32590

1. PLACE OF DEATH

County

Jackson

Registration District No.

398

Township

City

Independence

Primary Registration District No.

3019

File No.

Registered No.

325

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Nicholas George Bowers
Independence Sanitarium
Smithville, Mo.

Length of residence in city or town where death occurred

yrs.

mos.

7 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

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

Dora Long Bowers

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

Jan. 1, 1872

7. AGE

YEARS
63MONTHS
9DAYS
22IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

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

Stauford, Va.

MOTHER

13. NAME

Stewart Bowers

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

Ireland

15. MAIDEN NAME

Martha Strickland

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

unknown

17. INFORMANT

Mrs. Dora Bowers

(ADDRESS)

Smithville, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithville, Mo.

DATE

Oct. 24, 1935

19. UNDERTAKER

S. A. McConnaughy

(ADDRESS)

Smithville, Mo.

20. FILED

10-25-1935

J. L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 23, 1935

22. I HEREBY CERTIFY, THAT I attended deceased from

Oct 16, 1935, to Oct 23, 1935

I last saw him alive on Oct 27, 1935. Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Acute
Peritonitis

Date of onset

Other contributory causes of importance:

Acute Appendicitis

Name of operation Appendectomy Date of 10-16-35

What test confirmed diagnosis? Exam. Was there an autopsy? yea

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 whether injury occurred (in industry, in home, or in public place)

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. J. Selmer, M. D.

(Address) Smithville, 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.

