

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.

FEB 21 1936

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

Do not use this space

34881-1

1. PLACE OF DEATH

County *Stoddard*  
Township *Pike*  
City *Alvord Mo* (No. ....)

Registration District No. *834*  
Primary Registration District No. *45-03-*

File No. ....  
Registered No. *37*  
St. .... Ward)

2. FULL NAME

*William Edward Bower*  
(a) Residence, No. *A. Levanee Mo.* St., ..... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jane Bower</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 10 - 1864</i>		
7. AGE YEARS <i>71</i>	MONTHS <i>3</i>	DAYS <i>11</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ark.</i>		
13. NAME <i>not known</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>" "</i>		
15. MAIDEN NAME <i>Not known</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>" "</i>		
17. INFORMANT <i>Clarence Bower</i> (ADDRESS) <i>Alvord Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Brownwood Mo.</i> DATE <i>11-29-1935</i>		
19. UNDERTAKER <i>none</i> (ADDRESS)		
20. FILED <i>1-23-36</i> 1936 <i>W. M. Kearly</i> Registry		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 21* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 10* 19*35* to *Oct. 21* 19*35*

I last saw him alive on *Oct. 10* 19*35*. Death is said to have occurred on the date stated above, at *49* m.

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

Other contributory causes of importance:

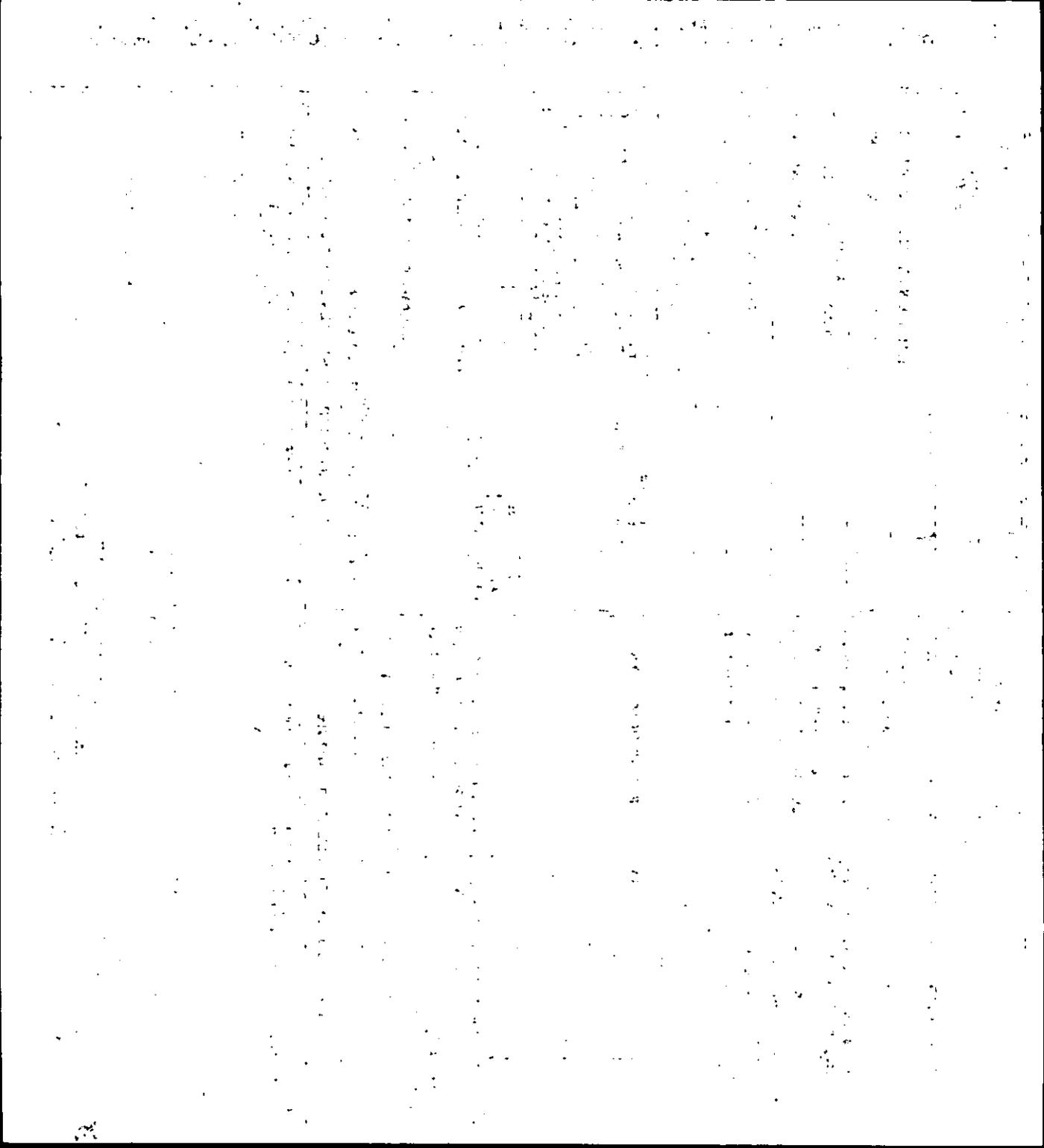
Name of operation ..... Date of .....  
What test confirmed diagnosis? *imperfect* Was there an autopsy? *no*

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) *W. E. Lewis* M. D.  
(Address) *Alvord Mo.*



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

Do not use this space.

**1. PLACE OF DEATH**

County Stoddard  
Township Advance  
City Advance (No. ....)

Registration District No. 834  
Primary Registration District No. 4502

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

**2. FULL NAME**

William Edward Bonar

(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 M (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>71</u>	<u>3</u>	<u>11</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) .....

**SUPPLEMENTARY**

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 8-5- 1936 W. McKearty Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, ..... m.

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

Cancer of Face  
No further information concerning primary seat of carcinoma

Date of onset

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) E. E. Lewis M. D.  
(Address) Advance

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.

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