

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

Do not use this space.

FEB 18 1925

38849

1. PLACE OF DEATH CAPE GIRARDEAU
 County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009 File No. _____
 City Cape Girardeau (No. South East Mo. Hospital) Registered No. 6 St. _____ Ward _____
 2. FULL NAME Homer Harold Fowler
 (a) Residence, No. Campbell, Mo St. _____ Ward. Campbell, Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>0</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8, 1920</u>		
7. AGE YEARS <u>15</u>	MONTHS <u>11</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farm hand</u>		IF LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farm</u>		11. Total time (years) spent in this occupation <u>5</u>
10. Date deceased last worked at this occupation (month and year) <u>Dec 1, 1925</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell, Mo</u>		
13. NAME <u>Leah Fowler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Beatrude Bendrix</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hornbeck, Tenn</u>		
17. INFORMANT <u>Leah Fowler</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>North Coanaw</u> DATE <u>Dec 31</u> 19 <u>25</u>		
19. UNDERTAKER <u>Baldwin Ford Co</u> (ADDRESS) <u>1211 1/2</u>		
20. FILED <u>12-30</u> 19 <u>25</u> <u>J. J. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1925

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1925, to Dec 30 1925
 I last saw him alive on Dec 30 1925 Death is said to have occurred on the date stated above, at 5 P. M. am.
 The principal cause of death and related causes of importance were as follows:
Ruptured aortic aneurysm with general arteriosclerosis Date of onset Dec 10 1925
 Other contributory causes of importance:
General arteriosclerosis
Ruptured

Name of operator Dr. J. J. Thompson Date Dec 30 1925
 What test confirmed the report? Autopsy

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 non
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. Thompson, M. D.
 (Address) Cape Girardeau, 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.

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