

JUN 24 1936

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

Do not use this space.

390.58-1

1. PLACE OF DEATH

County Dade Registration District No. 238
Township Lackwood Primary Registration District No. 4145
City Lackwood (No. _____) St. _____ Ward _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lola Bowers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>1</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cafe Operator</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 1934, to Dec 31, 1935
I last saw him alive on Dec 31, 19____. Death is said to have occurred on the date stated above, at 9:35 P. M.

The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Date of onset _____
932
Other contributory causes of importance:
Prostatitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) James A. When, M. D.
(Address) Lackwood Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston, Mass</u>
	13. NAME <u>George Bowers</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Lizzie Hull</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellefontaine Ohio</u>
17. INFORMANT (ADDRESS) <u>Mrs. Lola Bowers Lackwood Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lackwood</u> DATE <u>Jan 2</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Ray Caldwell Lackwood Mo</u>	
20. FILED _____ 19____ Registrar _____	

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.

