

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.

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

Do not use this space.

JAN 18 1933

39447

1. PLACE OF DEATH

County Jackson Registration District No. 3A
 Township Blue Primary Registration District No. 2554
 City Independence (No. 1916, Hawthorne) St. _____ Ward _____

File No. _____
 Registered No. 387 St. _____ Ward _____

2. FULL NAME

George Washington Sowler
 (a) Residence, No. Jackson Springs St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. 15 ds. How long in U. S., if of foreign birth? 77 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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emmie Sowler</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 2nd 1856</u> | | |
| 7. AGE YEARS <u>77</u> | MONTHS <u>0</u> | DAYS <u>16</u> |
| | | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</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 <u>Life</u> |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw h. Deputy Coroner alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Bilateral Solar Eczema Date of onset _____

Other contributory causes of importance: 108

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? No 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Deputy Coroner, M. D.
 (Address) 8213 - S. L. Bank

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drytown, Ohio

MOTHER FATHER

13. NAME John Sowler

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

15. MAIDEN NAME Jessima Davis

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

17. INFORMANT Deputy Coroner
 (ADDRESS) Jackson Co.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jessica Springs DATE Dec 20th 1933

19. UNDERTAKER O. P. Mitchell
 (ADDRESS) Jessica Springs, Mo.

20. FILED 12-26-35 J. L. Bank
 Registrar.

1933 12

