

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.

APR 13 1936

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

Do not use this space.

9767

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Gallatin Primary Registration District No. 5276 A³
City No. Kansas City, Mo., R. 5 None St. _____ Ward _____

2. FULL NAME

Bernice Viola Sowers
(a) Residence, No. No. Kansas City, Mo., R. 5 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</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>Harold Sowers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18 - 1904</u>				
7. AGE YEARS <u>31</u>	MONTHS <u>4</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>				
MOTHER	13. NAME <u>Fred Granberger</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Effie Paul</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>			
17. INFORMANT <u>Mrs Harold Sowers</u> (ADDRESS) <u>No Kansas City Mo R 5</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hill</u> CL <u>140</u> DATE <u>Mar 9</u> 19 <u>36</u>				
19. UNDERTAKER <u>Morton Funeral Home</u> (ADDRESS) <u>No. Kansas City, Mo.</u>				
20. FILED <u>3-10</u> 19 <u>36</u> <u>Viola C. Moyer</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19 , to , 19 .
I last saw h. _____ alive on _____, 19 . Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
(Coroner)
Lobar pneumonia
Otitis media
Aut. Kustoid c. Extremis
to brain

Date of onset	<u>3/1/36</u>
	<u>3/3/36</u>
	<u>3/5/36</u>

Other contributory causes of importance:
mo

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 Catherine Myers Brown
(Signed) Clay Co. Mo. Liberty
(Address)

