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.

APR 22 1936

11794

1. PLACE OF DEATH
County Nodaway
Registration District No. 625
File No.
Township
Primary Registration District No. 3031
Registered No. 31
City Maryville Mo. (No. St Francis Hospital St. Ward)

2. FULL NAME CLARA CHARLOTTE BOWER
(a) Residence, No. Bedford Iowa 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1886

7. AGE: YEARS 49 | MONTHS 5 | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Taylor County Iowa

FATHER
13. NAME Swen Sherbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

MOTHER
15. MAIDEN NAME TIlda M. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

17. INFORMANT (ADDRESS) Claude Bower Bedford Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bedford Iowa DATE 3/22/36 19

19. UNDERTAKER (ADDRESS) F. L. Wetmore Bedford Iowa

20. FILED 3-21, 1936 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/36, 19

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 20, 1936
I last saw her alive on March 20, 1936 Death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:
Rupture Middle Meningeal Artery rt.
96
Date of onset

Other contributory causes of importance:

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? Maryville Mo.
(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) Chas. T. Bell, M. D.
(Address) Maryville Mo.