

MAY 19 1936

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

Do not use this space.

14387

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 175

File No. _____

Township _____

Primary Registration District No. 3099Registered No. 136City Cape GirardeauSoutheast Mo. Hospital

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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 OFRichard Bowers

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

April 3 - 1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.2221

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Burfordville, Mo

FATHER

13. NAME

Fred Jones14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

MOTHER

15. MAIDEN NAME

Clara Praeter16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri17. INFORMANT
(ADDRESS)Mr Richard Bowers

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lesley Cemetery DATE Apr 26 193619. UNDERTAKER
(ADDRESS)Thayer Wilby, Howard Jackson Dr

20. FILED

4-24-36 J. M. Simpson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 24 1936 to April 24 1936I last saw him alive on April 24 1936 Death is saidto have occurred on the date stated above, at 10:59 m.

The principal cause of death and related causes of importance were as follows:

Residual Eclampsia

Date of onset

Apr 24

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? _____
(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) W. L. Seaton, M. D.(Address) Jackson 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.

