

APR 28 1936

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

Do not use this space.

18138

1. PLACE OF DEATH

County Saline Registration District No. 7
Township State Primary Registration District No. 4
City State (No. 1) St. State Ward 17

File No. _____
Registered No. 17

2. FULL NAME

Mary Ann Fowler
(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

1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-14-1878</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>3</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House</u>		
10. Date deceased last worked at this occupation (month and year) _____ (month and year) _____ spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State Mo</u>		
13. NAME <u>Wm J Fowler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bullettsville Kentucky</u>		
15. MAIDEN NAME <u>Mary Ann Fowler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Wm J Fowler State Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State City</u> DATE <u>April 2-26</u>		
19. UNDERTAKER (ADDRESS) <u>State Mo</u>		
20. FILED <u>File 36</u> <u>W. M. Little</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March-25- 1936, to April-6- 1936
I last saw him alive on April 6, 1936 Death is said to have occurred on the date stated above, at 11 pm
The principal cause of death and related causes of importance were as follows:
Tuberculosis Date of onset 3/22/36
11a
Other contributory causes of importance:
Suppuration

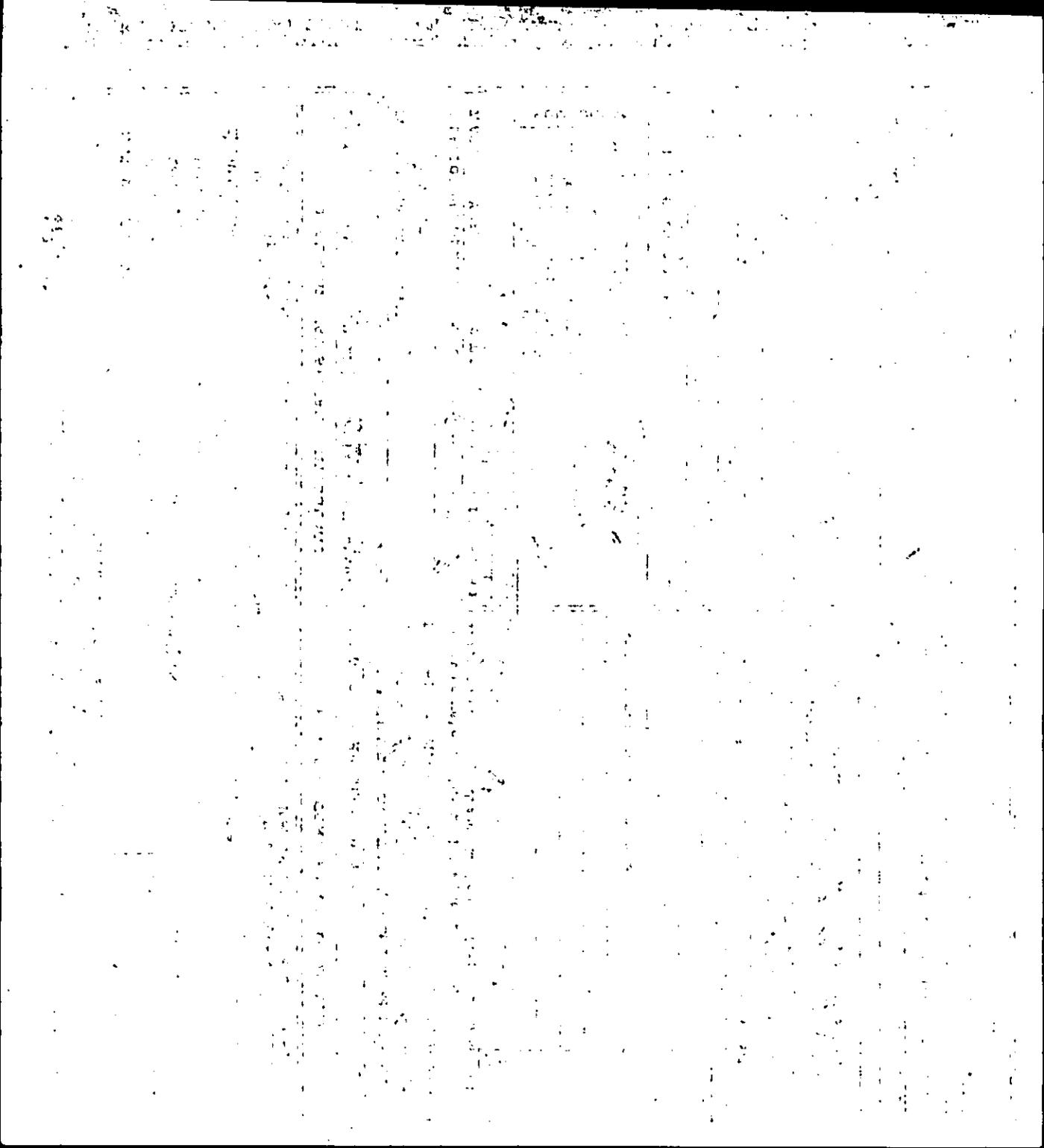
Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) W. C. Ruppner, M. D.
(Address) State 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.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Worth
Township Watu
City Watu (No. _____) St. _____ Ward _____

Registration District No. 799
Primary Registration District No. HH79

File No. _____
Registered No. 17

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.

Mamie L. Fowler

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

22. I HEREBY CERTIFY, that I attended deceased from March 20, 1936 to April 6, 1936
I last saw the deceased alive on April 6, 1936. Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset: 3-25-36

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1878

7. AGE YEARS 57 MONTHS 3 DAYS 22 IF LESS than 1 day, hrs. or min.

Influenza

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
10. Date deceased last worked at this occupation (month and year) March 1936 Total time (years) spent in this occupation 20

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New States Mo

13. NAME William F. Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldersburg Mo

15. MARRIAGE NAME Mary Francis Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline W

Name of operation _____ Date of _____
What test confirmed diagnosis? Sal Was there an autopsy? _____

17. INFORMANT (ADDRESS) Don T Fowler

18. BURIAL, CREMATION, OR REMOVAL PLACE Saline DATE April 7 1936

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. _____

19. UNDERTAKER (ADDRESS) Jones + Selzer

20. FILED April 7 1936 W. M. Tuttle Registrar.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) M. O. Duggins, M. D.
(Address) Saline 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.

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