

JUL 23 1936

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

Do not use this space.

23408

1. PLACE OF DEATH

County Linn Registration District No. 470  
Township North Primary Registration District No. 4883  
City Waverly Mo.

File No. \_\_\_\_\_  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Stanley 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Pearl Fowler (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Businessman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

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) Bristol Ind

13. NAME George Fowler

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

15. MAIDEN NAME Alma White

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

17. INFORMANT Geo. Fowler (ADDRESS) Waverly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 100 7th. Waverly Mo. DATE June 24, 1936

19. UNDERTAKER Geo. Bon (ADDRESS) Waverly Mo.

20. FILED June 22, 1936 PA Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1936

I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 22, 1936

I last saw him alive on June 22, 1936 Death is said to have occurred on the date stated above, at 10459.

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

Chronic interstitial nephritis

Date of onset 1930

Other contributory causes of importance: 10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Lab 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? Yes

If so, specify \_\_\_\_\_

(Signed) PA Holmes, M. D.

(Address) Waverly 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.

WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

