

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 14 1936

24810

1. PLACE OF DEATH

County St. Louis
Township _____
City _____ (No. _____)

Registration District No. **791**
Primary Registration District No. **1003**
Mo. Pacific Hospital St.

File No. _____
Registered No. **6447**
Ward _____

2. FULL NAME

Rady Earl Bowers
(a) Residence, No. 6301 Charles Poplar Bluff Poplar Bluff, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 3/4 yrs. mos. 14 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</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>MARTHA BOWERS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 22-1892</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>6</u>
	DAYS <u>3</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>BRICKMAN</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>RR</u>	
	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) MISSOURI

MOTHER FATHER 13. NAME JAMES H. BOWERS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PINEKEYVILLE ILLINOIS

15. MAIDEN NAME ADDIE JONES

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MARTHA BOWERS
(ADDRESS) POPULAR BLUFF, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE POPULAR BLUFF, MO. DATE JUNE 28 1936

19. UNDERTAKER ALBERT H. HOPPE INC
(ADDRESS) 427 N. FULTON AVENUE

20. FILED JUN 25 1936
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-36 19

22. I HEREBY CERTIFY, That I attended deceased from 4-21-36, 19, to 6-25-36, 19.
I last saw him alive on 6-25-36, 19. Death is said to have occurred on the date stated above, at 12:45 am
The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic Nephritis
cause unknown
Other contributory causes of importance: 130

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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) M. O. McHugh, M. D.

(Address) Mo. Pac. Hosp.

