

AUG 14 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Adair  
Township  
City Hicksville (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 3001

25365  
File No. \_\_\_\_\_  
Registered No. 156  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rascha Francis Bowers

(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 fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. B. Bowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 4 64

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

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) Shelby Co Mo

MOTHER FATHER 13. NAME David Allen

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

15. MAIDEN NAME Sarah Ford

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

17. INFORMANT C. B. Bowers (ADDRESS) Hicksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lenard, Mo DATE 7/18/36

19. UNDERTAKER Summers & Son (ADDRESS) Hicksville, Mo

20. FILED July 17, 1936 Spencer L. Freeman Registrar (Address) Hicksville Mo

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/36 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1936, to \_\_\_\_\_, 1936

I last saw her alive on April 26, 1936. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Heart exhaustion

Other contributory causes of importance: Paralysis - Cerebral hemorrhage several years ago.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician as 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 \_\_\_\_\_, 1936

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) L. J. Casper, M. D.

(Address) Hicksville 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.

