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.

DEC 28 1936

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

Do not use this space.

41782

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No.
Township Turnbock — Primary Registration District No. 3640 — Registered No. 138
City Mt Vernon R F D #1 (No. , St. Ward)

2. FULL NAME Infant of Mr & Mrs Henry Fowler
(a) Residence No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 11 hours 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 (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 28 - 1936
7. AGE: YEARS | MONTHS | ~~DAYS~~ 11 hours | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Turnbock T.P. Lawrence Co

FATHER
13. NAME: Henry Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo

MOTHER
15. MAIDEN NAME: Ida Duvault
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin Mo.

17. INFORMANT (ADDRESS): Henry Fowler Mt Vernon R F D
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Chesapeake Camp Ground Cem. DATE: Nov 29/36
19. UNDERTAKER (ADDRESS): Geo. B. Orr Mt Vernon Mo
20. FILED: Nov. 28, 1936 P. A. Holmes By Bethany Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 28", 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 - 1936 to 4 a.m., 19
I last saw h alive on 11/28/36, 19 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Premature Birth — Date of onset
Cardiac Insufficiency
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?
If so, specify
(Signed) W. E. Goltrew, M. D.
(Address) Aurora Mo

Gatrey