

FEB 18 1937

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

Do not use this space.

2320

1. PLACE OF DEATH

64 County Monroe
4 Township
2 City Paris (No. 2)

Registration District No. 3782
Primary Registration District No. 4344

File No.
Registered No. 3 St. Ward)

2. FULL NAME

VIRGINIA ANNE STOWERS

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1927

7. AGE YEARS 9 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. or min.

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

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) Columbia (STATE OR COUNTRY) Missouri

13. NAME Charles S. Stowers

14. BIRTHPLACE (CITY OR TOWN) Ludrain Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Virginia Crank

16. BIRTHPLACE (CITY OR TOWN) Ludrain Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Charles S. Stowers (ADDRESS) Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Mo. DATE JAN 29 1937

19. UNDERTAKER Speed & Blakey (ADDRESS) Paris, Missouri

20. FILED JAN 28 1937 H. C. Wayne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 27 1937, to Jan 27 1937

I last saw h. or alive on Jan 27 1937. Death is said to have occurred on the date stated above, at 8:15 P. m.

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

Diphtheria nasal Jan 27/37
with acute toxic
heart failure

Other contributory causes of importance: 10

Name of operation Date of
What test confirmed diagnosis? Culture 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) J. C. Payne M. D.
(Address) Paris, 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.

