

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.

1. PLACE OF DEATH

REG 8 1937 791

3641

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City.....

(No. 2529 - La Salle St 2)

St. Ward

2 FULL NAME Amanda Stowers

(a) Residence, No. 2329 La Salle St., St. 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James Stowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 47 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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

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) Macon Mississippi

13. NAME Crisey Peton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

15. MAIDEN NAME Julia Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 3

17. INFORMANT James Stowers (ADDRESS) 2329 La Salle St.

18. BURIAL, CREMATION, OR REMOVAL PLACE FATHER Dickson's DATE Jan. 17, 1937

19. UNDERTAKER John P. Riley (ADDRESS) 2931 Lucas Ave

20. FILED J. F. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1937, to Jan 13th 1937

I last saw her alive on Jan 12th 1937. Death is said to have occurred on the date stated above, at 3:15 A. M.

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

Lobar Pneumonia

Other contributory causes of importance: 108

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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. F. Bredeck, M. D.

(Address) 925 N. 14th St

JAN 16 1937

