

JUL 31 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Schuyler
 Township Granite
 City Quincy MO (No. 1)

Registration District No. 806Primary Registration District No. 14185File No. 24987

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Thomas Bower

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cleola Bower6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1861

7. AGE

YEARS 75MONTHS 6DAYS 23

If LESS than 1
 day, _____ hrs.
 or _____ min.

OCCUPATION

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

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) Williams town MO (STATE OR COUNTRY)13. NAME Marion Bower14. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)15. MAIDEN NAME Susan Emary16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)17. INFORMANT Cleola Bower (ADDRESS) Quincy Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Myers cem DATE May 20, 193719. UNDERTAKER Wm H West (ADDRESS) Quincy Mo20. FILED 5/19, 1937J.T. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 193722. I HEREBY CERTIFY, That I attended deceased from Fall of 1927, to May 18 1937I last saw him alive on May 18 1937. Death is saidto have occurred on the date stated above, at 10:42 pm.

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

DiabetesDate of onset 1927

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 5

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) O. P. Green

(Address) _____

, M. D.

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.

