

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

Do not use this space.

26229

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital) St. _____ Ward)

File No. 2912
Registered No. 2912

2. FULL NAME

William M. Fowler
(a) Residence, No. Lees Summit, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1900

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|-----------|----------|----------|----------------------------------|
| <u>37</u> | <u>37</u> | <u>5</u> | <u>4</u> | |

8. Trade, profession, or particular kind of work done, as aptaner, sawyer, bookkeeper, etc. Laborer
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) De Camb, Texas

13. NAME James Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Lesty Stacks

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

17. INFORMANT (ADDRESS) Mrs. Minnie Fowler
Lees Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lees Summit, Mo DATE 7-10-37

19. UNDERTAKER (ADDRESS) QUIRK AND TOBIN COMPANY
20 W. Linwood

20. FILED 7-9 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/37 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____ Death is said to have occurred on the date stated above, _____

The principal cause of death and related causes of importance were as follows:
Second and third degree burns of entire body

Other contributory causes of importance:
W 181

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in as follows:
Accident, suicide, or homicide _____ Date of injury 7/8/37
Where did injury occur Family Farm, Jackson Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Nature of injury Severe abdominal and femoral injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) [Signature] _____, 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.

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