OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 944 — File No. 34294
Township Jackson — Primary Registration District No. 5447B — Registered No. 12
City Strafford (No. Strafford Mo. 2 St. ..... Ward)

2. FULL NAME Sarah Emma Bowler
(a) Residence, No. Strafford Mo St. 1 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. 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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Chas Bowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4 - 1882

7. AGE: YEARS 55 — MONTHS 6 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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): Phelps Co. Mo

FATHER
13. NAME: Wm. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Sarah Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Harley Wm Bowler Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Danforth Cem. DATE: Sept. 13 - 1937

19. UNDERTAKER (ADDRESS): Alma Lakmeyer Springfield Mo.

20. FILED 9/15, 1937 Clyde R. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9 - 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw her dead on Sept 11, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
left forearm broken & Cut	
left ankle broken	

Other contributory causes of importance: 206 M

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Sept 11, 1937
Where did injury occur? Strafford Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Railroad Crossing at Strafford, Mo
Manner of injury automobile struck by train
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) J. P. Ferguson Coroner, M. D.
(Address) 542 Red arts Bldg.

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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