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.

53

OCT 21 1937

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

Do not use this space.

File No. 34597

Registered No.

1. PLACE OF DEATH

County Laclede 2 1 Registration District No. 449

Township Lebanon Primary Registration District No. 5609

City (No. , St. Ward)

2. FULL NAME James W. Stowe

(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 M

4. COLOR OR RACE W

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) April 14 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	5	16	

OCCUPATION

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

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

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) Laclade Co Mo

FATHER

13. NAME Joe Stowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclade Co Mo

MOTHER

15. MAIDEN NAME Martha Carr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Frank Stowe Phillipsburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grange Hall DATE 10/1 1937

19. UNDERTAKER (ADDRESS) W. E. Holman Lebanon Mo

20. FILED 10-2-1937 J A McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/30, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 25th, 1937, to Sept 30, 1937

I last saw him alive on Sept 29th, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Endocarditis Chronic

Date of onset

Other contributory causes of importance: 92a

Name of operation Date of

What test confirmed diagnosis? Physical 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?

If so, specify

(Signed) J. C. Schott, M. D.

(Address) Lebanon Mo.