

OCT 21 1937

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

Sumner  
Do not use this space.

34718

1. PLACE OF DEATH

County Macou  
Township Hudson  
City (No. ....) St. .... Ward)

Registration District No. 533  
Primary Registration District No. 5713

File No. ....  
Registered No. 74

2. FULL NAME

Lillie V Fowler

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 120 - 1876</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>5</u>	DAY <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house-keeper</u>		If LESS than 1 day, .... hrs. or .... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1937

22. I HEREBY CERTIFY that I attended deceased from 1932 to Aug 6, 1937

I last saw h. er alive on Aug 6, 1937 Death is said to have occurred on the date stated above, at 4 P m.

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

Marie Leprosie  
Physician 1225 F  
Date of onset

Other contributory causes of importance:  
none 84

Name of operation clinical Date of .....

What test confirmed diagnosis? clinical 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 .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) W F Turner M. D.  
(Address) Macou, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Margaret Taylor

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

17. INFORMANT (ADDRESS) Hazel W. Williams  
Wichita Kan

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oakwood Cem DATE Aug 9 37

19. UNDERTAKER (ADDRESS) Chas H. Turner  
Macou Mo

20. FILED 10/9 1937 Leota Kerkow  
Registrar.

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.

