

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Mason
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. 26.5 #61 - Alker cabins)

File No. 46027
Registered No. 370 St. 1 Ward 1

2. FULL NAME Bryan Higbee Bower

(a) Residence, No. Pittsfield 221 St. 1 Ward 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) May 5 1896

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
41 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
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) Pittsfield Ill

FATHER 13. NAME Henry Bower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield Ill

MOTHER 15. MAIDEN NAME Rogatha Reyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Ill

17. INFORMANT (ADDRESS) Walter M. Plattner Pittsfield Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE West Cem Pittsfield Ill DATE Dec 27th 1937

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Dec 27 1937 H. C. Crocker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1937

22. HEREBY CERTIFY, That I attended deceased from Dec 25 1937, to 1937, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

"Verdict of Jury"
Came to his death by carbon monoxide gas.

Other contributory causes of importance:
Gas from Automobile from Car in Garage causing Toxication

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 6.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury 2-3-37 1937
Where did injury occur? Hannibal, Mason, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Tourist Cabins

Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) James O'Donnell, M. D.
Address Corner 8 Mason County, Mo

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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46027
Do not use this space.

1. PLACE OF DEATH

(a) County Bowers Registration District No. 347
 (b) Township..... Primary Registration District No. 3029 Registered No. 375
 (c) City Hannibal (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bryan Higbee Bowers

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Verdict of jury came to death by carbon monoxide gas
115
 Date of onset

Other contributory causes of importance:
Gas from automobile from car in garage adjoining transient camp.

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? Not i.e.d.s. Date of injury 4-25, 1937

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 James O'Donnell, M.D.
 (Signed) Hannibal
 (Address) 115

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

