REC'D JUL 20 1938

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

Do not use this space.

21933

File No. 4

Registered No.

1. PLACE OF DEATH
County: Harrison
Township:
City: Blythedale (No. ..... St. ..... Ward)
Registration District No. 335
Primary Registration District No. 4198

2. FULL NAME: John Samuel Fowler 1465

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1853

7. AGE: Years 84 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stock & Grain
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Lexington Ohio

FATHER
13. NAME: Isaac Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Lexington Ohio

MOTHER
15. MAIDEN NAME: Elizabeth Skinner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Lexington Ohio

17. INFORMANT (ADDRESS): Olin Fowler Mo Blythedale

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Eaglville DATE: 7/3 1938

19. UNDERTAKER (ADDRESS): Rogers & Son Mo Ridgeway

20. FILED 7/4 1938 L. J. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1938

22. I HEREBY CERTIFY, that I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at about 900 p.m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

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? ..... Date of injury ..... 19.....
Where did injury occur? at Home
(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) Joe E. Wheeler, Coroner, M. D.
(Address) Bethany, 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.