

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

23154
 Do not use this space.

DECD JUL 25 1938

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 157
 (c) City Nevada (d) Street No. Nevada City Hospital 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. 8 mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ronald Dewayne Tow
 (a) Residence, No. 319 E. Ashland 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 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) Oct. 26, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
8
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Nevada
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Clifton Tow
 14. BIRTHPLACE (CITY OR TOWN) Nevada
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Lois Gray
 16. BIRTHPLACE (CITY OR TOWN) Richards
 (STATE OR COUNTRY) Missouri

17. INFORMANT Clifton Tow
 (ADDRESS) Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemetery DATE June 27, 1938

19. FUNERAL DIRECTOR Ferry Funeral Home
 (ADDRESS) Nevada, Missouri

20. FILED 6/30, 1938 Allen D. Bays
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to June 26, 1938
 I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 11: A m.

The principal cause of death and related causes of importance were as follows:
Congenital Spina Bifida
& Congenital Hydrocephalus.
 Date of onset Birth
 Other contributory causes of importance: None known.

Name of operation none Date of ✓
 What test confirmed diagnosis? Exam 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? no
 If so, specify
 (Signed) W. P. Love M. D.
Nevada, Mo.
 795- (Address)

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

