NOV 25 1938

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

36703
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois — Registration District No. 773

(b) Township St. Francois — Primary Registration District No. 6018A — Registered No. 129

(c) City near Farmington — (d) Street No. State Hospital No 4 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 Baty Bowers

(a) Residence, No. Van Buren, Mo. St.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	2	

OCCUPATION

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

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) Missouri

FATHER

13. NAME James Marian Bowers

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

MOTHER

15. MAIDEN NAME Nancy Ann Skaggs

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

17. INFORMANT State Hospital #4 Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hospital Cemetery DATE 10-11-38, 19

19. FUNERAL DIRECTOR (NAME) Gozean's
(ADDRESS) Farmington, Mo.

20. FILED Oct 12, 1938 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936 to Oct 10, 1938

I last saw him alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 11 80 a.m.

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

Date of onset

My year doris (Chronic) Secondary to mytral Regurgitation and Cor with cardiac decompensation

12 4 37

Other contributory causes of importance:

Terminal Bronchopneumonia
Lobular, Confluent, R. Lung
Generalized arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical and Was there an autopsy? yes

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) P. S. Tate, M. D.

(Address) State Hosp. #4 Farmington 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Nellie Hart

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.