

666 JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

93 County St. Clair 3
Township Speedwell
City Speedwell (No. _____) St. _____ Ward _____

Registration District No. 769
Primary Registration District No. 6015-

File No. 44363
Registered No. 13

2. FULL NAME

666 Jessie Marvin Gower

(a) Residence (Usual place of abode) _____ St. _____ Ward _____
(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. See School

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) Missouri

13. NAME Merle V Gower

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

15. MAIDEN NAME Dorothea Wallen

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

17. INFORMANT (ADDRESS) Ray Gower Shell City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Taborville, Mo DATE Dec 31, 1938

19. UNDERTAKER (ADDRESS) Lute Lewis & Son Shell City Mo

20. FILED Dec 30, 1938 M. J. Richardson, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Dec 29, 1938

I last saw him alive on Dec 29, 1938. Death is said to have occurred on the date stated above, at 10:2 m.

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

Gun shot in head
Accidental

Other contributory causes of importance: 184 17

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 29, 1938

Where did injury occur? St. Clair County (Specify city or town, county, and State)

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

Manner of injury Gun shot in head
Nature of injury Bullet penetrated skull

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

If so, specify _____ (Signed) J. C. Williams, M. D.
(Address) Shell City 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.

RECEIVED

District Health Officer No. 7

District File Number

7-39-57

Date Filed

1-10-39