

REC'D APR 20 1939

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

Do not use this space.

11868

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Bothwell Hospital Primary Registration District No. 3132
City Sedalia (No. 620)

File No. 706
Registered No. 106
St. _____ Ward _____

2. FULL NAME

Mrs. Stella M. Sowers
719 East Boonville

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Unknown Penny

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

MOTHER 15. MAIDEN NAME Sarah M. Peters

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

17. INFORMANT Louis J. Sowers
(ADDRESS) 719 East Boonville, Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 3/19/39

19. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia, Mo.

20. FILED Mar 19 1939 Mrs Harry Sneed
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN 14, 1939, to MARCH 17, 1939

I last saw her alive on MARCH 17, 1939. Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

Cardiac decompensation
with edema

Date of onset

Other contributory causes of importance:

Bronchial pneumonia
Pulmonary edema
Chronic myocarditis

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? _____ 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.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Gerlan Hauffe, M. D.
(Address) Sedalia Missouri

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. 8,
District File Number
Date Filed 4/10/39

Dr. Stauffer
501 1/2 South Engineer