

NOV 7 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36666

1. PLACE OF DEATH

County MercerTownship HarrisonCity Cainsville(No. R.F.D. # 1 Cainsville, Mo.)Registration District No. 558Primary Registration District No. 5787

File No. _____

Registered No. 52

St. _____

Ward _____

2. FULL NAME Ira Delbert Bower.

(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

Male

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

Clara Bower6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1875.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

6459

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.

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)

Decatur County
Iowa13. NAME John Bower

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

Pennsylvania15. MAIDEN NAME Elizabeth McClain

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

Decatur County
Iowa

17. INFORMANT (ADDRESS)

Clara Bower
Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oaklawn Cemetery DATE October 5, 1939

19. UNDERTAKER (ADDRESS)

Eddie F. Hoklas
Cainsville, Missouri

20. FILED

10/5 1939 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1939.

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1939 to Oct 3 1939
Last saw him alive on Oct 3 1939. Death is saidto have occurred on the date stated above, 6:25 P.M.

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

Cardiac Hypertrophy
121

Date of onset

1939

Other contributory causes of importance:

Atherosclerosis chronic nephritis
Acute Nephritis
544
3 day

Name of operation

Date of _____

What test confirmed diagnosis? NOWas 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)

J. B. Luff

M. D.

(Address) Cainsville, Missouri.

RECEIVED
DISTRICT ATTORNEY
Date Filed _____

RECEIVED
DISTRICT ATTORNEY
Date Filed _____
11/3/1939
NOV 3 1939