

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 14 1939

36946

1. PLACE OF DEATH

County Cutler
Township Madison
City Lucerne Mo (No. 63)

Registration District No. 717
Primary Registration District No. 4429

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Chancy W Bowers
Lucerne Mo

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

Length of residence in city or town where death occurred 3 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Anna Bowers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>60</u>	YEARS <u>1</u>	MONTHS <u>4</u>
DAYS <u>4</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>1933</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Logan
(STATE OR COUNTRY) Ohio Hagan

13. NAME John A Bowers

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

15. MAIDEN NAME Lucy Stroll

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

17. INFORMANT Mr. Chancy Bowers
(ADDRESS) Lucerne Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lucerne DATE Oct 19 1939

19. UNDERTAKER Comstock Mee Co
(ADDRESS) Lucerne Mo

20. FILED 10/17 1939 E. Studabaker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1939 to Oct 15, 1939
I last saw him alive on Oct 16, 1939. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Other contributory causes of importance: g2h
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. A. Steele, M. D.
(Address) Lucerne Mo

100
- 10
- 58
- 15

Statement by Licensed

Signed J. W. Constock

Licensed Embalmer No. 3891

P.O. Address Unionville N.C.