FILED MAR 14 1940

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

7884
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township ~~Prairie~~ Sugar Creek — Primary Registration District No. 3034 — Registered No. 35
or
(c) City Moberly — (d) Street No. ..... 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 Maude Mae Fowler
(a) Residence, No. S 4th St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

460

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1875

7. AGE — YEARS 64 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Randolph Co Mo 0

FATHER
13. NAME Theodore Hamilton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randoph Co Mo 0

MOTHER
15. MAIDEN NAME Sarah F Cleeton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

17. INFORMANT (ADDRESS) Mrs Osie F Hulett
149 Bedford Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodland-Moberly DATE Feb 16-40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul T Hackney
924 W End Moberly Mo

20. FILED Feb. 16, 1940 Leah Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 11;15A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14-40, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1939, to Feb 14, 1940
I last saw her alive on Feb 13, 1940 Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 22

Date of onset: Do not know

Other contributory causes of importance: Diabetes

Name of operation none Date of
What test confirmed diagnosis? Clin. Signs & Lab. findings 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A Smith M. D.
925 (Address) Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16805

RECEIVED
District Health Officer No. 10
District File Number 3-40-630
Date Filed MAR 12 1940

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, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Paul T. Hackney

Licensed Embalmer No. 3598

P. O. Address 924 W. End Moberly

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.