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.

FILED OCT 5 1944

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

Do not use this space. 30829

1. PLACE OF DEATH
County Dent — Registration District No. 100
Township Heramac — Primary Registration District No. 5385
File No. — Registered No. 61
City — (No. , St. Ward)

2. FULL NAME James Bowers
(a) Residence, No. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mary Butts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1856

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	9	15	

OCCUPATION
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) Crawford Co Mo

FATHER
13. NAME Jackie Bowers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) * / Tenn

MOTHER
15. MAIDEN NAME Elizabeth Sellers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) * / Tenn

17. INFORMANT (ADDRESS) Mrs Dick Hayes - Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowers Cem DATE 9/17/44 19

19. UNDERTAKER (ADDRESS) Salem Mo

20. FILED 9-17-44 19 Jas. D. McLeod by MEL Registrar.

1179

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/44 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....
I last saw him alive on 12/11/42, 19..... Death is said to have occurred on the date stated above, at 2nd P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown

Other contributory causes of importance: Gen

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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Salem, Mo.

RECEIVED
District Health Officer No. 5
District File Number 1044495-
Date Filed 10-4-44

Embalmed by
Carl L Johnson
No 2370
Salem Wis