

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
 Township Leesville
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 347
 Primary Registration District No. 5501A

File No. 6871
 Registered No. _____

2. FULL NAME

Mary Francis Fowler 460
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
5 4 1

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. _____

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) Henry Co Mo

13. NAME Leonard Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

15. MAIDEN NAME Mary A Mc Ginnis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT Leonard Fowler
 (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2/25-38

19. UNDERTAKER Consolus Pest
 (ADDRESS) Clinton Mo

20. FILED 2-26 1938 Dr J R Hampton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938 to Feb 24, 1938

I last saw her alive on Feb 24, 1938 Death is said to have occurred on the date stated above, at 3-1 A.M.

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

Respiratory obstruction probably due to flattened diaphragm
10

Date of onset

Other contributory causes of importance: None

Name of operation tracheotomy Date of Feb 24 1938
 What test confirmed diagnosis? chest 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 factory, 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) S B Hughes, M. D.
 (Address) Clinton Mo

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.

