

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.

1939 AUG 7 1939

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 Leesville (No. _____)

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

25716

File No. _____
Registered No. _____ Ward _____

2. FULL NAME

Charles Fowler

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

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. (If nonresident, give city or town and State)

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 (Specify or (name) of) Mahala Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1853

7. AGE YEARS 84 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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. Farm

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batavia New York

13. NAME Walter Fowler

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

15. MAIDEN NAME Sarah Maidens

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

17. INFORMANT Miss Gertrude Fowler (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE July 14, 1939

19. UNDERTAKER Consalus F. Peck (ADDRESS) Clinton Mo.

20. FILED 7-29-39 W. J. R. Hampton Registrar (Address) Clinton Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sueval Jones, 1939 to 7-12, 1939.

I last saw him alive on 6-22, 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Cerebral Endarteritis
Senile Dementia
Myocardial Endocarditis
Other contributory causes of importance: _____

Date of onset _____

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

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) E. C. Taylor, M. D.
Clinton Mo.

RECEIVED

District Health Officer No. 7

District File Number 7-39-10 95

Date Filed 8-2-39