

NOV 20 1934

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

Do not use this space.

37090

1. PLACE OF DEATH

County Ray Registration District No. 742
Township Paris Primary Registration District No. 5977a
City Jackson (No.) St. Ward

File No.

Registered No.

2. FULL NAME Thomas W. Fowler

(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 HUSBAND OF (OR) WIFE OF Lucille Lake Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 2 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Ray Co Mo13. NAME M. R. Fowler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Elvira Moss16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo17. INFORMANT Jay J. Fowler18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson, Mo. DATE Oct 11 193419. UNDERTAKER Glands Prichard(ADDRESS) Excelsior Springs, Mo.20. FILED Oct. 11 1934 Edwin Shouse

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 193422. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1934 to Oct. 9 1934I last saw him alive on Oct. 9 1934. Death is saidto have occurred on the date stated above, at 10:30 AM.

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

Chronic Myocarditis & Angina pectoris
Secondary Pulmonary
and Cardiac failure

Date of onset

Other contributory causes of importance:

Right Ventricular hypertrophy 17 yrs
age at death
and total chief function plainly left heart enlarged

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) Arthur Buelner M. D.(Address) Jackson 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.

THIS IS A PERMANENT RECORD

