

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

Do not use this space.

1. PLACE OF DEATH  
 County St Charles Registration District No. 760  
 Township ..... Primary Registration District No. 6.001  
 City O'Fallon (No. ....) St. .... Ward .....

2. FULL NAME William Clifford Fowler  
 (a) Residence No. 107 Jason, N. La. St. Ward .....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

24876

File No. ....  
Registered No. ....

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 Emma Fowler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24<sup>th</sup> 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 9 9 — — —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/3/1928

17. I HEREBY CERTIFY, That I attended deceased from to day only, 1928, to ....., 1928, that I last saw — alive on 10-30, 1928, and that death occurred, on the date stated above, at 10-30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
over heated

191 194  
 (duration) ....., yrs. ....., mos. ....., ds.

CONTRIBUTORY (SECONDARY) ....., (duration) ....., yrs. ....., mos. ....., ds.

9. BIRTHPLACE (CITY OR TOWN) Darlsruhe  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William A Fowler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Darlsruhe  
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Eliza Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Darlsruhe  
 (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ....., DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. A. Reid, M. D.  
7/3/1928 (Address) Wentzville, Mo.

\*State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Emma A Fowler  
 (Address) O'Fallon

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Darlsruhe DATE OF BURIAL July 6 1928

20. UNDERTAKER R. E. Putman ADDRESS Wentzville, Mo.

15. FILED July 4, 1928 J. H. Jenkins  
 REGISTRAR

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.

