WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

JUN 25 1931

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

Do not use this space.

17482

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 132

Township — Primary Registration District No. 3014 — Registered No.

City Jefferson (No. , St. Ward)

2. FULL NAME William Gilpin Fowler

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) November-9-1883

7. AGE — YEARS: 47 — MONTHS: 6 — DAYS: 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Abstractor 1 91

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) Cole County, Mo

FATHER

13. NAME Green C. Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

MOTHER

15. MAIDEN NAME Artimitia Henley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

17. INFORMANT (ADDRESS) Richard C. Fowler Jefferson City. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE May-19- 1931

19. UNDERTAKER (ADDRESS) Wymore-Gordon Hefferson City, Mo;

20. FILED 6-1- 1931 W Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 17, 1931

I last saw her alive on May 17, 1931. Death is said to have occurred on the date stated above, at 5 A.m.

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

Pulmonary Tuberculosis with myocardial failure Probably a dilated heart

Date of onset

Other contributory causes of importance: none

23 (1)

Name of operation — Date of

What test confirmed diagnosis? Clinical & Lab. 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) Jas. A. Hill M. D.

(Address) Jefferson City Mo.