

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

✓ 38760

1. PLACE OF DEATH

Country St. Francois Registration District No. 775- File No. _____
 Township Beauregard Primary Registration District No. 6020 Registered No. 86
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Rachel Ruess Gower
 (a) Residence. No. Farmington Mo. (Post office) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Gower
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16, 1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 1 16
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Mo

10. NAME OF FATHER Andrew Sykes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____
 12. MARDEN NAME OF MOTHER Mullewans
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT C. G. Gower
 (Address) Farmington, Mo

15. FILED 11/3, 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1931
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931 to Nov 2, 1931
 that I last saw him alive on Nov 2, 1931, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
2nd degree burn over most of body.
(See opposite side)
Shock (duration) yrs. mos. ds. 1 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. _____
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Home
 DID AN OPERATION PRECEDE DEATH: No DATE OF _____
 WAS THERE AN AUTOPSY: No
 WHAT TEST CONFIRMED DIAGNOSIS: Chemical
 (Signed) Rappaport, M. D.
11/2, 1931 (Address) Farmington 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rolla Mo DATE OF BURIAL 11/4 1931

20. UNDERTAKER Needart & Co ADDRESS St. Louis

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

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.

DEC 26 1931

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 775 File No.
Township Perry Primary Registration District No. 6020 Registered No. 86
City (No.) St. Ward)

2. FULL NAME Rachel Ruan Gower

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..		
19. UNDERTAKER (ADDRESS)		
20. FILED 19..		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from, to, 19....
I last saw him alive on, 19.... Death is said to have occurred on the date stated above, at, m.
The principal cause of death and related causes of importance were as follows:
1st and 2nd degree burn over most of body. House did not burn ill.
Date of onset

Other contributory causes of importance:
Was standing before a grate fire when clothes became ignited burning her entire body.

Name of operation Date of
What test confirmed diagnosis 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 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?
If so, specify (Signed), M. D.
(Address)

SUPPLEMENTARY

J. A. Son
Registrar.

IN. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact status of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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