

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

Do not use this space.

18547

1. PLACE OF DEATH *St. Louis*
 County *St. Louis* Registration District No. *2*
 Township *Winnick* Primary Registration District No. *5002*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *William Aulce 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 HUSBAND OF (OR) WIFE OF *Aurantha Fowler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 27 1858*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<i>73</i>		<i>7</i>	<i>8</i>	

OCCUPATION

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.

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wappello Ia*

13. NAME *Mathew Fowler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

MOTHER

15. MAIDEN NAME *Belisat Elkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT (ADDRESS) *Bessie Fowler*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Harmony* DATE *6-5 1932*

19. UNDERTAKER (ADDRESS) *Llewellyn & Sons*

20. FILED *6/6 1932* *J.S. Cashwiler* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4 1932*

22. I HEREBY CERTIFY That I attended deceased from *May 24 1932* to *June 4 1932*
 I last saw him alive on *May 31 1932* Death is said to have occurred on the date stated above, at *6:50 a.m.*
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset *5-19-32*
824
1955 JJA

Other contributory causes of importance: *Suppurative Prostate and bladder infection probably a cystitis non specific*

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) *H. D. Plausay*, M. D.
 (Address) *St. Louis Mo.*

JUN 21 1932

