

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

Do not use this space.

1. PLACE OF DEATH

County.....**Buchanan**.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....**St. Joseph,**.....

(No. **2617 Monterey St.**)

File No.....

Registered No.....

85

28569

1001

929

2. FULL NAME

Arthur E. Mowry

(a) Residence, No. **2617 Monterey St.** St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** 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 **Mabelle Mowry**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17, 1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **57 0 10**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Traveling Salesman**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **International Harvester**

10. Date deceased last worked at this occupation (month and year) **Jan. 1932** 11. Total time (years) spent in this occupation **30 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rockport, Mo.**

13. NAME **Robinson Mowry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Adens, Marion Co., Ohio.**

15. MAIDEN NAME **Martha Kertler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dover, Unknown Ky.**

17. INFORMANT (ADDRESS) **Mrs. Mabelle Mowry 2617 Monterey St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park Cem** DATE **Sept. 29, 1932**

19. UNDERTAKER (ADDRESS) **Walter Meinhardt 1302 Parson St. St. Joseph, Mo.**

20. FILED **9-29-32** **John H. Bender** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 27, 1932** 19

22. I HEREBY CERTIFY, That I attended deceased from **about 12/3**, 1932, to **Sept. 27th**, 1932

I last saw him alive on **Sept 27th**, 1932. Death is said to have occurred on the date stated above, at **7:45 P.M.**

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

Heart disease following endocarditis acute. Cause to place. (Death due to endocarditis that affected the arteries, muscles, also the valves.)

Other contributory causes of importance: **Flew. Etc. carditis. Arterio. Causing pressure on an un-placed heart.**

Name of operation **or surgery only** Date of **3 times**

What test confirmed diagnosis **Physical** Was there an autopsy? **None**

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 **B. B. Simmons.** (Signed) **B. B. Simmons.**, M. D.

(Address) **Moss Bldg, St. Joseph, Mo.**

OCT 24 1932

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, Mo. (No. _____, _____ 2617 Monterey St. _____ Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 929

2. FULL NAME Arthur Ellsworth Mowry

(a) Residence, No. 2617 Monterey 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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.

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) I.H.C. Oct. 17-1927 11. Total time (years) spent in this occupation 16 yrs.

R.I. Imp. So. April 1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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 10-15 1932 John H. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1932 19 _____

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1932 to Sept 27-1932 m. d. y.

I last saw h. _____ 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:

Date of onset _____

Other contributory causes of importance: _____

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) _____

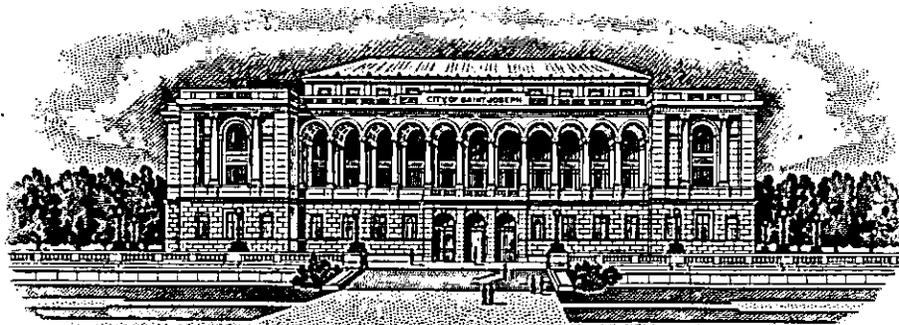
SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B.—Every item of info CAUSE OF DEATH in plain, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUMAN, PRESIDENT
ANDERSON, VICE-PRES.

GEORGE COCKBURN, MEMBER
DR. A. J. SMITH, HEALTH OFFICER



CITY OF SAINT JOSEPH

SAINT JOSEPH, MISSOURI

State of Missouri
SS
County of Buchanan.

I, Mabelle Mowry, being duly sworn on my oath state that the enclosed supplementary certificate is true to the best of my knowledge and belief. That on original death certificate items 2, 10, 11 and 22 were incorrect. That Mr. Arthur Ellsworth Mowry was employed by the International Harvester Co. until Oct. 17th, 1927; that he was employed by the Rock Island Implement Co. until April 1930; that Dr. Simmons attended deceased from January 30th, 1932 to September 27th, 1932 inclusive. That Mr. Mowry's full name was "Arthur Ellsworth Mowry."

Mabelle Mowry

Subscribed and sworn to before me, a Notary Public within and for the county and state aforesaid this 15th day of October, 1932.

W. O. Fetherstonhaugh

My commission expires July 20th. 1936.