

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis No. 1
City St. Louis Mo.

Registration District No. 702
Primary Registration District No. 7002

21228

File No. _____
Registered No. 5001
St. _____ Ward)

2. FULL NAME

Benzonian Franklin Bowers
(a) Residence, No. 415 8 mill St. 21 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Bowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern maker

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westville Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Burma Dorse (ADDRESS) Westville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE July 11 1933

19. UNDERTAKER Fink & Sons Co. (ADDRESS) Westville, Mo.

20. FILED 8 1933 19. J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/2/33 1933 to 6/8/33 1933
I last saw him alive on 6/8/33 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Carbide on neck
930
Other contributory causes of importance:
Myocardial infarction
Coronary heart disease

Date of onset 5/25/33

Name of operation Excision of Carbide Date of 6/2/33
What test confirmed diagnosis? all tests 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) C. W. Miller M. D.
(Address) Missouri Bldg - St. Louis Mo

