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.

OCT 22 1934

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

Do not use this space.

32702

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398 — File No.

Township — Primary Registration District No. 3019 — Registered No. 320

5 City Independence (No. 722 No Main St St. Ward)

8

2. FULL NAME Peter H. Bowler

(a) Residence, No. La Salle Hotel St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 6 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Lee Bowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	7	1	

OCCUPATION

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

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

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) St Louis Mo

FATHER

13. NAME John O. Bowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

17. INFORMANT (ADDRESS) Mrs P. H. Bowler, La Salle Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Summit DATE Sept 27, 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Home, 204 W. Linwood

20. FILED 9-26, 1934 F. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on Sept. 26, 1934. Death is said to have occurred on the date stated above, at 5A m.

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

	Date of onset
Cancer of the Back	Jan. 1933
53E	
92A	

53

Other contributory causes of importance: Chronic Endocarditis

Name of operation None 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) D. M. Mayo, M. D.

(Address) 512 Wyle Bldg. K.C. Mo.

Wm Vergeans
Arcade Bldg