MAY 18 1936

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

Do not use this space.

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File No.

Registered No. 581

1. PLACE OF DEATH

County Buchanan Registration District No.

Township Washington Primary Registration District No.

City Saint Joseph (No. Saint Joseph Hospital St. Ward)

2. FULL NAME Vergie Ellen Sowards

(a) Residence, No. 520½ South 7th 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Saint Joseph, Missouri

FATHER

13. NAME Truman Sowards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver, Missouri

MOTHER

15. MAIDEN NAME Thelma Hawks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Missouri

17. INFORMANT Truman Sowards
(ADDRESS) 520½ South 7th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE April 18, 1936

19. UNDERTAKER E. R. SIDENFADEN FUNERAL HOME
(ADDRESS) 602 South 10th Street

20. FILED 4-17- 1936 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 16, 1936

I last saw her alive on April 16, 1936. 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:

Burns (1st & 2nd degree) of Chest abdomen, arms, hands, & thighs. — Date of onset 4/14/36

Other contributory causes of importance: Nephritis acute toxic secondary to burns. — 4/15/36

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/14, 1936
Where did injury occur? St. Joseph Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Burns suffered when dress caught fire
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. L. Falty M.D.
(Address) 709 Corby Bldg St. Joseph Mo.

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.