

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.

AUG 24 1936

28765

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Lean Primary Registration District No. 1002
 City Kan City (No. 3111 Colman Road St. _____ Ward _____)
 File No. 3436
 Registered No. 3436

2. FULL NAME George Gilbert Fowler
 (a) Residence, No. 3111 Colman Rd. Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

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 Blanch Fowler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1896
 7. AGE YEARS 60 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
 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) Kansas
 MOTHER FATHER
 13. NAME Alexander Fowler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peon
 15. MAIDEN NAME Harriet Ferguson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peon
 17. INFORMANT Blanch Fowler
 (ADDRESS) 3111 Colman Rd.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE 7-22-36
 19. UNDERTAKER BERGMAN FUNERAL HOME, INC.
 (ADDRESS) _____
 20. FILED July 22, 1936 M. M. Cronin
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1936
 22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1936 to July 20, 1936
 I last saw him alive on July 20, 1936 Death is said to have occurred on the date stated above, at 9am.
 The principal cause of death and related cause of importance were as follows:
Cerebral Hemorrhage Date of onset 2-1-36
 Other contributory causes of importance: None
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify Given P. McPherson M. D.
 (Signed) Walden Bldg.
 (Address) _____

1898

Genl. M. S. Phelps
Windsor Locks, N.Y.

Mar 1898