

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

399

Registration District No. _____
Primary Registration District No. 7002

File No. 15259
Registered No. 1805
St. _____ Ward _____

2. FULL NAME

George Henry Bowers
(a) Residence, No. 4437 Garbo 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. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvia Vestch</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No Record</u>				
7. AGE YEARS <u>about 62</u>	MONTHS	DAYS	11. Total time (years) spent in this occupation	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>labour</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unemployed</u>				
10. Date deceased last worked at this occupation (month and year)				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/37

22. I HEREBY CERTIFY That I attended deceased from _____, 19____.

I last saw him _____ 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:
Crushing Angulation of the head, 170

Other contributory causes of importance:
W

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence), fill in the following:
Accident, suicide, or homicide. Date of injury 5/15/37
Where did injury occur? 6900 W. Main & Lincoln
(Specify city or town, county, and state)

Specify whether injury occurred in industry, home, or in public place.
Manner of injury Run over by train
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) [Signature] M. D.
(Address) _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La Grange Mo.</u>
	13. NAME <u>John T. Bowers</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon Mo.</u>
	15. MAIDEN NAME <u>Ellen Conthelley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
17. INFORMANT <u>Mrs. Ella Roswell</u> (ADDRESS) <u>4437 Garbo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vista Mo.</u> DATE <u>4/18</u> 19 <u>37</u>	
19. UNDERTAKER <u>Sheil Funeral Home</u> (ADDRESS) <u>6606 Independence Ave</u>	
20. FILED <u>4-16</u> 19 <u>37</u> <u>M. M. Drove</u> Registrar.	

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.

