

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Park
City (No.) St. Ward)

Registration District No. 4037
Primary Registration District No. 6012

38661

File No.
Registered No.

2. FULL NAME

Margaret Jane Gower

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1937

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lisa G. Gower

22. I HEREBY CERTIFY, that I attended deceased from at times 1934 to July 6, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1874

I last saw her alive on April 30, 1937 Death is said to have occurred on the date stated above, at 6 a. m.

7. AGE YEARS 63 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.

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

Aneurism of aorta

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. life

Date of onset
No

Other contributory causes of importance:
possibility of extreme humidity and heat

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

13. NAME Wm. Green Harper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo.

15. MAIDEN NAME Sarah Breshers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeler Co. Mo.

17. INFORMANT (ADDRESS) Lisa Gower Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE July 7 1937

19. UNDERTAKER (ADDRESS) J. H. Stephens Wheeler Co. Mo.

20. FILED 11 1937 Mrs. W. F. Hudson Registrar

Name of operation 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) Ruth Seers, M. D.
(Address) Osceola Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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38661
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1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 1032
 (b) Township Polk Primary Registration District No. 6013 Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Jane Gover
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 9 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 17 1918 W. J. Hudson Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h. 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:
 Date of onset

Other contributory causes of importance:

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

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
 (Signed) Ruth Seewers M. D.
 (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

