

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATHCounty BUCHANANTownship WASHINGTONCity ST. JOSEPHRegistration District No. 85Primary Registration District No. 1001(No. ST. JOSEPH'S HOSPITAL)File No. 6157Registered No. 233

St. _____ Ward _____

2. FULL NAME CLYDE JAMES BOWZER(a) Residence, No. 1911 BARTLETT ST. St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 7, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>9</u>	<u>14</u>	

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

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) 193711. Total time (years) spent in this occupation years12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROSENDALE, MISSOURI13. NAME ANDREW BOWZER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PITT SBURG, PENN.15. MAIDEN NAME ANNA KELLEY,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE, KY.17. INFORMANT HENRY M. BOWZER
(ADDRESS) ST. JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL
PLACE ASHLAND CEM. DATE 2-23-3819. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 COL. HOU. ST. ST. JOSEPH20. FILED Feb 22 1938 A. J. Methuen
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB, 21, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938, to Feb 21, 1938I last saw h. i. m. alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 4:25 A.M.

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

Acute Myocardial Failure
93A1-

Other contributory causes of importance:

HypertensionName of operation None Date of _____What test confirmed diagnosis? Microscopic 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) Overton W. D. Tracy, M. D.(Address) 303 Washington Bldg



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6157
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 853
(b) Township _____ Primary Registration District No. 1001 Registered No. 233
(c) City St Joseph (d) Street No. _____ St. _____
(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

(a) Residence, No. Clyde James Bowyer 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(If divorced, write the word)

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. or min.
66 9 14

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

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

FATHER 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 Ashland Centre DATE 7-23 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7-22 1938 A. J. Westrausch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 191938

22. I HEREBY CERTIFY, That I attended deceased from 19... 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) Owen D. Craig, M. D. (Address) 305 Kinspatric Blvd

SUPPLEMENTARY

REGISTRATION FEES SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

0157