

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.

938 REC'D JUN 16 1938

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

Do not use this space.

19592

1. PLACE OF DEATH

County.....Saint Louis.....

Township.....*Carondelet*.....

City.....Jefferson Barracks.....

Registration District No. *784*

Primary Registration District No. *260*

Veterans Hospital

File No.

Registered No. *967*

St. Ward)

2. FULL NAME *Ralph R. Bowers*

(a) Residence, No. St. Ward. *R. #2, Poplar Bluff, Missouri.*
 (Usual place of abode) *Unkn.* (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 *Mrs. Effie Bowers* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 25, 1894*

7. AGE *44* YEARS MONTHS *2* DAYS *8* If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *R. R. Brakeman*
 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) *Wayne County, Missouri*

FATHER 13. NAME *James Bowers*
 14. BIRTHPLACE (CITY OR TOWN) *Not known Illinois*

MOTHER 15. MAIDEN NAME *Emma Jones*
 16. BIRTHPLACE (CITY OR TOWN) *Not known Illinois*

17. INFORMANT *Clinch & Clark, Big Barracks, Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Poplar Bluff, Mo.* DATE *June 3, 1938*

19. UNDERTAKER *C. Hoffmeister U. & L. Co.* (ADDRESS) *7814 S. Broadway, St. Louis, Mo.*

20. FILED *JUN 3 1938* Registrar. *J. R. Meyer, M. D.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 3, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 31*, 19*38* to *June 3*, 1938. I last saw him alive on *June 3*, 1938. Death is said to have occurred on the date stated above, at *7:00A* m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis, far-advanced, active, with cavitation.

Other contributory causes of importance: *None*

Name of operation *None* Date of *None*
Phys. Clinical manif. and autopsy
 What test confirmed diagnosis? Was there an autopsy? **YES**

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 *Yes*
 (Signed) *C. M. HUGHES*, Chief Med. Officer, M. D.
 (Address) *VAE Jefferson Barracks, Mo.*

707

