REC'D AUG 10 1938

Do not use this space.

1. PLACE OF DEATH

County Henry

Township Leesville

City _____ (No. _____ St. _____ Ward)

Registration District No. 347

Primary Registration District No. 5501A

File No. 25445

Registered No. _____

2. FULL NAME Leora Ann Fowler 4(51)

(a) Residence, No. Clinton Mo RR 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

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 Wm. Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1872

7. AGE YEARS 65 MONTHS 9 DAYS 16 If LESS than 1 day, ...hrs. or ......min.

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

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) (STATE OR COUNTRY) Calloway Co mo

13. NAME Robert Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co mo

15. MAIDEN NAME Rebecca Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co mo

17. INFORMANT (ADDRESS) Wm Fowler Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 7/18 38

19. UNDERTAKER (ADDRESS) Consobus + Rects Clinton mo

20. FILED 7-23 38 J R Hampton Registrar

Hughes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1936, to _____, 19___

I last saw h___ alive on July 24, 1938. 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

Carcinoma of breast 1936

5 D A

Other contributory causes of importance: nil

Name of operation Radical removal of left breast 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 nil

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) S B Hughes, M. D.

3/2 (Address) Clinton, Mo