Dr. A. Herb Marshall

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

36304
Do not use this space.

1. PLACE OF DEATH
(a) County Miss. Registration District No. 566
(b) Township Primary Registration District No. 5762 Registered No. 129
(c) City Ryworthy (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 ETHEL VIRGINIA FOWLER
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
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) Miss Co. Mo.

FATHER
13. NAME Orbra Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Co Mo.

MOTHER
15. MAIDEN NAME Rosa Priester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Co. Mo.

17. INFORMANT (ADDRESS) Orbra Fowler Charleston Mo Rte 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Nov 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Travis Shelby East Prairie Mo

20. FILED 11-7-1938 J. Lemon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1938 to Nov 6th, 1938
I last saw her alive on Dead, 1938 Death is said to have occurred on the date stated above, at 109 m.
The principal cause of death and related causes of importance were as follows:

Dont Know was dead when I got there. I looked like it was home been due to a bad heart

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) A. Marshall M. D.
(Address) Charleston Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)