

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.

REC'D FEB 27 1939

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Judge Creek
City Moberly, Mo. (No. 425)

Registration District No. 735
Primary Registration District No. 3034
McKengle

File No. 3619
Registered No. 8
St. _____ Ward)

2. FULL NAME

Low E. Fowler

(a) Residence, No. 303 Ms McKengle St., _____ Ward.

(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 Fe 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 H. T. Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1881

7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min. 57 8 3

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.

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) Illinois

13. NAME Low Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo

15. MAIDEN NAME Laura Bemis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT H. T. Fowler (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hobson DATE 1-18 1939

19. UNDERTAKER Jupton (ADDRESS) Moberly, Mo

20. FILED Jan 16 1939 Ethel White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 , 1939, to Jan 15 , 1939

I last saw her alive on Jan 15 , 1939. Death is said to have occurred on the date stated above, at 7:35 P.M.

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

Carcinoma of sigmoid portion of bowel. Date of onset not known

Other contributory causes of importance: 46

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) A. L. Mc Cormick , M. D.

(Address) Moberly Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-192

Date Filed FEB 7 1939