

REC'D MAY 22 1939

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

15981
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
(b) Township Ferry Primary Registration District No. 6020-A Registered No. 32
(c) City Bonne Terre or Bonne Terre (d) Street No. Bonne Terre Hospital 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

William Towle
(a) Residence, No. Leadwood, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) April 7, 1939 11. Total time (years) spent in this occupation 20

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

FATHER 13. NAME William Towle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Ann Maria Kindell

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

17. INFORMANT (ADDRESS) Mrs. H. D. Evans
Harrington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stasi DATE April 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. S. Boyer
Leadwood, Mo.

20. FILED April 13, 1939 N. W. Hawkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to April 11, 1939
I last saw him alive on April 11, 1939. Death is said to have occurred on the date stated above, at 9:30 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Apoplexy)
121
Date of onset 4-6-39
Other contributory causes of importance: Cardio-vascular renal disease April 1936

Name of operation None Date of _____
What test confirmed diagnosis Physician 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) David Smith, M. D.
690 (Address) Bonne Terre, Mo.

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.

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30M-5-2-33 I X18605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Bert L. Boyer
Licensed Embalmer No. 34705
P. O. Address Leadwood Mo.

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.)

If this body is not embalmed, above space should be left blank.