

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

Do not use this space.

39609

1. PLACE OF DEATH

County ST. CHARLES Registration District No. 760 B
Township MARIEENNE 2 Primary Registration District No. 6001
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 424

2. FULL NAME NORMAN G BOWERS

(a) Residence, No. O'FALLON R 20 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1940.

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Oct 17, 1940
I last saw him alive on Oct 15, 1940. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 30-1878

to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 17

Date of onset

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

Coronary Thrombosis 10/17/40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: Arteriosclerosis

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) LINCOLN NEBRASKA

FATHER 13. NAME JUDLEY BOWERS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER 15. MAIDEN NAME MILLER

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

17. INFORMANT (ADDRESS) MRS. MINNIE BOWERS O'FALLON MO

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE OAK GROVE CEM ST. LOUIS 10/20/40

19. UNDERTAKER (ADDRESS) E. A. Kestly O'Fallon Mo.

20. FILED Oct 19 1940 E. A. Kestly Registrar.

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? Yes
If so, specify _____

(Signed) Nicholas J. Hornick, M. D.
(Address) O'Fallon, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

