

FILED MAR 14 1941

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

Do not use this space.

6534

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120
Township _____ Primary Registration District No. 3009
City Cape Girardeau, Mo. (No. South East Mo. Hospital) St. 0 Ward) _____

File No. 14
Registered No. 087
St. 0 Ward) _____

2. FULL NAME

Donald Ray Bowers
(a) Residence, No. Burfordswell St., _____ Ward, Burfordswell mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. - mos. 21 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single (1)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 11 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 4 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Cape Girardeau County

FATHER 13. NAME Richard Bowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orion - Mo.

MOTHER 15. MAIDEN NAME Lillian Sides

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

17. INFORMANT Mrs. Char Sides
(ADDRESS) Leeman, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Apple Creek Cem. DATE Feb. 24, 1941

19. UNDERTAKER Wilson - Staller - Seabaugh
(ADDRESS) Jackson, Mo.

20. FILED 2-25-41 1941 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1941, to Feb. 22, 1941.
I last saw him alive on Feb. 22, 1941. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Peritonitis
Perforated gangrenous appendix
12:1:1
Date of onset 2-1-41

Other contributory causes of importance:
Terminal pneumonia 2-21-41

Name of operation appendectomy Date of 2-1-41

What test confirmed diagnosis? operation 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) T. E. Ruff M. D.
(Address) Jackson 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.

