NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois. Registration District No. 475 File No. 38701
Township Ferry Primary Registration District No. 6020-A Registered No. 79
City Bonne Terre, Mo. (No. , St. Ward)

2. FULL NAME Mrs. Charles Richard Fowler.
(a) Residence, No. Bonne Terre Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Rachel Alice Fowler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17- 1863

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 2 | 29. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer.
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) St. Genevieve County (STATE OR COUNTRY)

FATHER
13. NAME Mr. George Fowler.
14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Miss Lenira Moore
16. BIRTHPLACE (CITY OR TOWN) Tennessee or Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Rachel Fowler wife. (ADDRESS) Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cemetery DATE October 19 1937

19. UNDERTAKER Alois F.W. Hood (ADDRESS) Flat River, Mo.

20. FILED Oct. 18 1937 N. W. Hawkins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1937, to Oct. 16, 1937
I last saw h.... alive on Oct. 16, 1937. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myelogenous leukemia | 1935 |
| Other contributory causes of importance: Chronic myocarditis | 1935 |

Name of operation None Date of
What test confirmed diagnosis? Blood smear 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) Marvin T. Haw, Jr., M. D.
(Address) Bonne Terre, Mo.

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