

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

Do not use this space.

32445

1. PLACE OF DEATH

County Cape
Township Appleton
City Oak Ridge (No. _____)

Registration District No. 128
Primary Registration District No. 51765

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lassaphine Bowers

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (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 <u>F.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
James A Bowers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>11</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Oak Ridge
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Daniel Miller</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Millersville</u> (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>May Hutson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Burfordale</u> (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT W. A. Bowers
(Address) Oak Ridge Mo.

15. Oct 11 1933 Laura Veach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6-1933

17. I HEREBY CERTIFY, That I attended deceased from 7/12-33
_____, 1933, to Oct 6, 1933
that I last saw her alive on Oct 4, 1933 and that death occurred, on the date stated above, at 9:38 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Bladder

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Marten, M. D.

, 19 (Address) Oak Ridge Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Gusher Cemetery

Oct 8 1933

20. UNDERTAKER

ADDRESS

Crafft Miller

Jackson

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.

OC-20-1333

