DeMandy

DEC - 1 1938

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

40214
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois
(b) Township Perry
(c) City Bonne Terre No.
Registration District No. 775
Primary Registration District No. 6020-A.
Registered No. 89
Street No. ..... 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 460 RACHAEL-ALICE-FOWLER.
(a) Residence, No. Bonne Terre Mo St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Charles Richard Fowler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 13. 1889
7. AGE: Years 49 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Bonne Terre R-1 Missouri

FATHER
13. NAME: Thomas Van Pigg.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bonne Terre R-1 Missouri

MOTHER
15. MAIDEN NAME: Susan Tobitha Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mine La Motte Missouri

17. INFORMANT (ADDRESS): Mrs Ivan Blackwell Flat River, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marvin Chapel DATE Nov. 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bonne Terre Chapel Bonne Terre Mo

20. FILED Nov. 23 1938. N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Nov 21, 1938
I last saw her alive on Nov 21, 1938. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Embolism	
8210	

Other contributory causes of importance:
Nat. Hypertension - Family good health

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? No.
If so, specify .....
(Signed) B. C. Mandy, M. D.
699 (Address) Bonne Terre Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, C. J. Claywe

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Round Peak 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.