

New Madrid County

Brower, Ephraim

(17 May 1847-21 Nov 1933)

Private Co C 1st Indiana Cavalry.

Buried Mounds Park Cemetery, Howardville

New Madrid County, Missouri.

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH				Do not use this space.	
1. PLACE OF DEATH		Registration District No.	File No.		
County <u>New Madrid</u>		<u>274</u>	<u>37274</u>		
Township <u>Lowry</u>		Primary Registration District No.	Registered No.		
City <u>Howardville</u> (No. _____) (St. _____) (Ward)		<u>4063</u>			
2. FULL NAME <u>Ephraim E. Brower.</u>					
(a) Residence, No. _____ (Usual place of abode)		St. _____	Ward _____		
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. MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (BY HIS OR HER)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-21-1933</u>	
<u>Male</u>	<u>White</u>	<u>Married</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 10</u> 19 <u>33</u> , to <u>Nov 21</u> 19 <u>33</u>	
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		I last saw him alive on <u>Nov 20</u> 19 <u>33</u> . Death is said to have occurred on the date stated above, at <u>5:10 a.m.</u>			
		The principal cause of death and related causes of importance were as follows:			
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Date of onset	
Years <u>86</u>	Months <u>6</u>	<u>none</u>		<u>97</u>	
Days <u>4</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance:		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		<u>Embarrassed prostatic and cystitis</u>	
<u>May 17, 1884</u>				Name of operation <u>none</u> Date of _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>			
<u>Indiana</u>		23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____			
13. NAME		Where did injury occur? _____ (Specify city or town, county, and State)			
<u>Ephraim</u>		Specify whether injury occurred in industry, in home, or in public place.			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		Manner of injury _____			
<u>Howardville</u>		Nature of injury _____			
15. MAIDEN NAME		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
<u>none</u>		If so, specify _____ (Signed) <u>E. E. Jones</u> M. D.			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		(Address) <u>Howardville Mo</u>			
<u>none</u>		17. INFORMANT (ADDRESS) <u>Helena Brower</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mounds Park</u> DATE <u>11-23-1933</u>		19. UNDERTAKER (ADDRESS) <u>Hill Bros</u>			
19. UNDERTAKER (ADDRESS) <u>Howardville Mo</u>		20. FILED <u>Dec 10 1933</u> <u>E. E. Jones</u> Registrar			
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