

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

Do not use this space.

14303

1. PLACE OF DEATH

County Butler
 Township
 City Poplar Bluff (No.)

Registration District No. 89
 Primary Registration District No. 3007

File No.
 Registered No. 173
 St. Ward)

2. FULL NAME

Annie G. Bowman

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Fredricktown
 (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Ignatz Gherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Josephine Sitz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Sam G. Bowman
 (Address) Dennett Ark

15. FILED 7/8 27 1927 W. S. Bailer
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1927

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1927, to May 18, 1927, that I last saw h. lv. alive on May 18, 1927, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atrophic Cirrhosis of Liver
1245
12231

CONTRIBUTORY (SECONDARY) Basedow's Disease
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. E. Smith M.D.
 572 . 1327 (Address) 123 N. 5th St

*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 Catholic DATE OF BURIAL May 21 1927

20. UNDERTAKER J. J. Frank Poplar Bluff ADDRESS

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.

Smith
 JUL 25 1927

