

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

Do not use this space.

15480

1. PLACE OF DEATH

County Jasper
Township Jefferson
City Joplin (No. 248)

Registration District No. 411
Primary Registration District No. 9002

File No. 248
Registered No. 248
St. Joplin Ward 1

2. FULL NAME

(a) Residence, No. Ray Minford Bowman St. Joplin Ward 1
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 12 ds. How long in U.S., if of foreign birth? yrs. 10 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1897

7. AGE YEARS 30 MONTH 4 DAYS 12 If LESS than 1 day, hrs. 0 min. 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER E. W. Bowman

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

12. MAIDEN NAME OF MOTHER ella Brenner

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

14. INFORMANT Mrs. E. Ray Lov
(Address) Joplin Mo.

15. FILED 5/20/27 Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 18 - 1927 to May 16 - 1927
that I last saw him live on May 16 - 1927 and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis
117B
CONTRIBUTORY (SECONDARY) 117B
(duration) yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Probst

(Address) Joplin 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 Emmanuel Cem

DATE OF BURIAL 5/18 1927

20. UNDERTAKER Heurthend & Co

ADDRESS Joplin Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1927

