JUL 23 1927

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

Do not use this space.

17429

6

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No.

Township Nodaway, — Primary Registration District No. 5016 — Registered No. 44

City ..... (No. 1 1/2 Miles S.E. of Savannah, Mo. Interurban Stop # 30 St. ..... Ward)

2. FULL NAME Aaron Henry Bowman,

(a) Residence. No. 1 1/2 M.S&E. Savannah, MO. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	7	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer, 92A

(b) General nature of industry, business, or establishment in which employed (or employer) 82A

(c) Name of employer 97

9. BIRTHPLACE (CITY OR TOWN) Clay County,
(STATE OR COUNTRY) Indiana,

PARENTS

10. NAME OF FATHER Jacob Bowman,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fayette Co.
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary Hoover,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lancaster,
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT Thomas Bowman
(Address) R.F.D. # 5, Savannah, Mo.

15. FILED Jun 30, 1927 C O Jefferies REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to June 29, 1927 that I last saw him alive on June 28, 1927, and that death occurred, on the date stated above, at 6 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis with Mitral insufficiency 90A
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Previous Cerebral hemorrhage
(duration) 8 yrs. mos. ds.

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? Physical findings

(Signed) C O Jefferies, M. D

Jun 30, 1927 (Address) Savannah

*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
Savannah, Missouri,	July 1, 1927
20. UNDERTAKER	**ADDRESS**
Frank A. Bowman	Savannah, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.