OCT 2 1927

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

Do not use this space.

25399

1. PLACE OF DEATH
County St. Louis
City Richmond Heights
City (No. 7328 Clayton Road St. Ward)

Registration District No. 790
Primary Registration District No. 6033

File No.
Registered No. 221

2. FULL NAME Carrie Bowen

(a) Residence. No. 7328 Clayton Road St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	2	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey

PARENTS
10. NAME OF FATHER William D. Bowen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey
12. MAIDEN NAME OF MOTHER Elizabeth Owen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey

14. INFORMANT E. Fay Bowen
(Address) 7328 Clayton Road

15. FILED 8/20 1927 J. B. Huddutt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 18, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to Aug 18, 1927, that I last saw her alive on Aug 18, 1927, and that death occurred, on the date stated above, at 11:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the spine.

26 (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 34

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF about Feb 1/27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation — X Ray
(Signed) C. H. Kilker, M.D.
8/19/27 19 (Address) 3121 N Grand Blvd St Louis 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 Bellefontaine Cem
DATE OF BURIAL Aug 21 1927

20. UNDERTAKER A Kron & Co.
ADDRESS 2707 N. Grand

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.

THIS IS A PERMANENT RECORD