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

Do not use this space.

29708

1. PLACE OF DEATH
County Callaway
Township Fulton
City ... (No. ..., ... St. ... Ward)

Registration District No. 104
Primary Registration District No. 5153

File No. ...
Registered No. 209

2. FULL NAME Walter Cyrum Bowman

(a) Residence. No. ... 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~9 8/22 1909~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Employe at shoe Factory
(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) Mo.

PARENTS

10. NAME OF FATHER ~~##~~ Earl B.Bowman

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

12. MAIDEN NAME OF MOTHER Mameretta Sappington

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

14. INFORMANT Earl B. Bowman
(Address) R.F.D. Fulton Mo.

15. Filed Oct 9, 1927 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1927, to Oct 9, 1927, that I last saw h[illegible] alive on Oct 8, 1927 and that death occurred, on the date stated above, at 1-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Poliomyelitis
16

(duration) ... yrs. ... mos. 13 ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Does not know
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) R. N. Crews, M. D
19 (Address) Fulton 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	DATE OF BURIAL
Carrington Church	10/9 27
20. UNDERTAKER	**ADDRESS**
Herndom Taylor	Fulton Mo.

Nov 23 1927

NOTE.—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.