FEB 18 1928

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

Do not use this space.

33

1. PLACE OF DEATH
County Andrew, Registration District No. 13
Township ..... Primary Registration District No. 4070
City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

File No. 2
Registered No. 2

2. FULL NAME Joseph Bowman,

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

Length of residence in city or town where death occurred yrs. mos. 23 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	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jennie L. Bowman,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	0	5	

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

9. BIRTHPLACE (CITY OR TOWN) Lancaster,
(STATE OR COUNTRY) Pennsylvania,

PARENTS

10. NAME OF FATHER Joseph Bowman Sr.,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lancaster Co.,
(STATE OR COUNTRY) Pennsylvania,
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Joseph Bowman
(Address) 2004 Park Place, Wichita, Ks.

15. Filed Jany 16 28 C O Jeppens
REGISTRAR

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.

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 13, 1928, that I last saw h... alive on Jan 13, 1928, and that death occurred, on the date stated above, at 11 25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Abscess
53E
78A
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Ocular Epithelioma
(duration) 15 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) F. Mulberry M. D
1/13, 1928 (Address) Savannah 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 Wichita, Kansas.
DATE OF BURIAL Jan. 16 1928

20. UNDERTAKER Frank A. Bowman
ADDRESS Savannah, Mo.