

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

Do not use this space.

629

1. PLACE OF DEATH

County Dept
Township Watham
City (No. St. Ward)

Registration District No. 271
Primary Registration District No. 5376

File No.
Registered No.

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Divorced

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

Geo Ruggman

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

Aug 18-1901

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
<u>26</u>	<u>5</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ed in 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) Deut Co Ind.

10. NAME OF FATHER

Ben Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Deut Co Ind.

12. MAIDEN NAME OF MOTHER

Cordelia Alley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

PARENTS

14. INFORMANT
(Address) Andy Bowman

15. JAN 3 1928
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 1. 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927 to Dec. 26, 1927
that I last saw him alive on Dec. 26, 1927, and that death occurred, on the date stated above, at 11 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Pulmonary Tuberculosis.

23A

(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thos H. Hunt, M. D.

, 19 (Address) Balena, Missouri.

*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

Mount Hume 1/2 1928

20. UNDERTAKER

ADDRESS

H. D. Hobson Salina Mo.

OFFICE
1916