MAR 26 1928

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

Do not use this space.

6298

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No. .....
Registered No. 43

2. FULL NAME Mrs Agnes Bowling
(a) Residence. No. 219 Louise St., ... Ward. Ferguson Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ wife of Clarence Bowling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28-1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Kentucky

PARENTS

10. NAME OF FATHER D. L. Sparks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary Stone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Clarence Bowling
(Address) 219 Louise Ave Ferguson Mo

15. FILED Feby 4, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1928, to Feb 4, 1928 that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 11:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

2 [illegible] (duration) not known to me yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

31

(duration) ~~yrs. mos. ds.~~

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known to me

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Sputum

2/4 (Signed) Jaconnie Schlenker, M. D
, 1928 (Address) 3515 S. Grand Bl. Rlem

*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: Calvary Cemetery
DATE OF BURIAL: 2 6 1928

20. UNDERTAKER: Geo. E. Mahler
ADDRESS: St. Louis Mo

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.