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

Do not use this space.

7537

1. PLACE OF DEATH
County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6 Ile 3
City Nevada No. St. Ward)

File No.
Registered No. 8 3

2. FULL NAME Nellie Bowman

(a) Residence. No. State Hosp #3 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1/2 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 none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	37	10	6d.	

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

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER P C Bowman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Sullivan Co Mo
12. MAIDEN NAME OF MOTHER Sarah Hargrave
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Mo

14. INFORMANT State Hosp Record
(Address) Nevada Mo

15. FILED 11-10 1928 E. R. King REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Feb 18, 1928 that I last saw h.er alive on Feb 18, 1928, and that death occurred, on the date stated above, at 8:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 21
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clin + Lab
(Signed) F. H. Crowson, M. D
2/18, 1928 (Address) Nevada, 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 State Hospital — DATE OF BURIAL 2/20/28

20. UNDERTAKER Funeral Home — ADDRESS 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.