

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

Do not use this space.

12193

1. PLACE OF DEATH

County Barry
Township Month
City Month (No.)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 32
St. Ward

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 4 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stone Co Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER A. K. Bowman

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

12. MAIDEN NAME OF MOTHER Dora Kiser

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

14. INFORMANT Harry Bowman
(Address) Kansas City Mo

15. FILED 4-17-1928 W. M. Whit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1928

17. I HEREBY CERTIFY that I attended deceased from Feb 24, 1928 to April 15, 1928
that I last saw him alive on April 15, 1928, and that death occurred, on the date stated above at 10 PM.

THE CAUSE OF DEATH WAS AS FOLLOWS
Pneumonia

18. WHERE WAS DISEASE CONTRACTED
Unknown
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)
31
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 4-15-28
WAS THERE AN AUTOPSY? No
WHY? Medical Examination
(Signed) W. M. Whit, M. D.
, 19 (Address) Month Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1007- Cen. DATE OF BURIAL 4/17/28

20. UNDERTAKER H. Bradford ADDRESS Month 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.

