

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.

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

Do not use this space.

17364

1. PLACE OF DEATH

County Jackson
Township Rau
City K.C. mo

Registration District No. 399

Primary Registration District No. 1002

File No. 2337

Registered No. 2337

St. Montgall Ward

2. FULL NAME

(a) Residence. No. 1530 Montgall 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)

Single

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

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

May 26 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Unemployed

(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)

K.C. Mo

10. NAME OF FATHER

John Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

12. MAIDEN NAME OF MOTHER

Clara Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

14.

INFORMANT

(Address)

Mr. Clara Bowman
1530 Montgall

15.

FILED

5/28 28 M. M. Cramer
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

5 - 27 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 27, 1928

that I last saw him alive on May 26, 1928, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pr. m. m. m. 159

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 5/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Physician's findings

(Signed)

Harry C. Lapp, M. D.

5/28, 1928 (Address) 1812 Fed. Res. Bldg. Bld.

*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

Leeds

5-28 1928

20. UNDERTAKER

ADDRESS

O. V. M. art

1915 E 15

20
21
22