UG 24 1928

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

Do not use this space.

1. PLACE OF DEATH
County Lewis Registration District No. 477 File No. 24331
Township Canton Primary Registration District No. 4286 Registered No. 31
City Canton (No. ..... St. ..... Ward)

2. FULL NAME Rachel Bowman

(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. ..... 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 Chas. Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1 1872

7. AGE: YEARS 55 | MONTHS 9 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

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) Baylis
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Chas Winterbotham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Rhode Island
12. MAIDEN NAME OF MOTHER Jane Randle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Baylis Illinois

14. INFORMANT Chas Bowman
(Address) Canton, Mo.

15. FILED July 6 1928 H. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 6.15 o'clock July 5, 1928, to 6.30 July 5, 1928, that I last saw h.er alive on (Above date) ....., 19....., and that death occurred, on the date stated above, at 6.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Drinking Phenol
Suicidal intent

163-0 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 100 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Drs. Porter & Porter M.D.
7-6, 1928 (Address) Canton, 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: Baylis Illinois — DATE OF BURIAL: July 8 1928

20. UNDERTAKER: Earl A Buckley — ADDRESS: Canton 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.