

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

Do not use this space. 32367  
File No. \_\_\_\_\_  
Registered No. 9691  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH. ST. LOUIS  
County. ST. LOUIS Registration District No. 791  
Township. \_\_\_\_\_ Primary Registration District No. 1003  
City. ST. LOUIS (No. 4528, Kennerly)

2. FULL NAME Benj. Franklin Bowles  
(a) Residence. No. 14528 Kennerly Sq. St. 11 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 Male  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Bowles.  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3 1869  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 | 5 | 26

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired teacher  
(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) Pike Co. Ohio

PARENTS

10. NAME OF FATHER John Bowles  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Va.  
12. MAIDEN NAME OF MOTHER Adelia Nash  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Va.

14. INFORMANT Mrs. B. J. Bowles  
(Address) 4528 Kennerly

15. FILED Oct - 2 1923 May 6 Stark off  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 29 1928  
17. I HEREBY CERTIFY That I attended deceased from Sep. 28 1928 to Sep. 29 1928 that I last saw him alive on Sep. 29 1928, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Pleu-  
rosis 93%  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) 31  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTACTED would know  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Chemical Microscopic  
(Signed) W. H. Barnett M. D.  
9/29, 1928 (Address) 4313 Enright St, St. Louis 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 St. Peter's Cemetery DATE OF BURIAL Oct 2 1928

20. UNDERTAKER W. C. Gordon Undler ADDRESS 2649 Morgan

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.

