

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

Do not use this space.

40786

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City Mo. (No. 2413 Benton Blvd)

File No. \_\_\_\_\_  
 Registered No. 5162  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Margaret Jane Bowman

(a) Residence, No. 2413 Benton 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. 2 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE wh 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) Sept 17<sup>th</sup> 1928

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
— 2 26 —

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER J. M. Bowman

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

12. MAIDEN NAME OF MOTHER Mary O'Brien

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

14. INFORMANT J. M. Bowman (Address) 2413 Benton K.C. Mo.

15. FILED 17/16-38 M. M. Greene REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 13, 1928 that I last saw her alive on Dec 12, 1928, and that death occurred, on the date stated above, at 1:52 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

107A  
158 Bronchial pneumonia  
 (duration) yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) general weakness  
 (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? no

WHAT TEST CONFIRMED DIAGNOSIS? physical  
 (Signed) J. H. O'Brien, M.D.

17/14, 1928 (Address) W.W. Cor 2718 Prospect  
 \*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 Franklin Tom DATE OF BURIAL 17/19/28 19

20. UNDERTAKER W. J. Mayberry ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

