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.

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

Do not use this space.

41100

1. PLACE OF DEATH

County Jackson — Registration District No. 200 — File No.

Township Kaw — Primary Registration District No. — Registered No. [illegible]

City K. C. Mo. (No. Research Hospital St. Ward)

2. FULL NAME William Jewell Bowles.

(a) Residence. No. 2640 Olive St., K. C. Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31, 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
16	1	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty, Mo.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER O. J. Bowles

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

12. MAIDEN NAME OF MOTHER Tressie Harrison

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

14. INFORMANT O. J. Bowles
(Address) 2640 Olive St. Kansas City Mo

15. FILED 12-28, 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 27, 1928 that I last saw him alive on Dec 27, 1928, and that death occurred, on the date stated above, at 1:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
[illegible] 100 [illegible]
[illegible] (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Empyema
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 27, 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physicians
(Signed) R. T. Sloan, M. D.
12-28, 1928 (Address) Ritt Bldg

*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 Salem County — DATE OF BURIAL Dec 29 1928

20. UNDERTAKER Ott & Mitchell — ADDRESS Sud. Mo

performed. Rib resection to drain
the pleural cavity
away pus from M. M. Crowe

S-41100

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. 5481

City..... (No. Research Hospital St. ..... Ward)

2. FULL NAME Wm. Jewell Bowles

(a) Residence. No..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M		

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

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

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

8. OCCUPATION OF DECEASED

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

(b) [illegible] of industry, business, establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED 12/28/28 19 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia

..... (duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (SECONDARY) Emphysema non tuberculous

..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-27-28

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) R. T. Flory, M. D.

1-25, 1929 (Address) Rosa Bldg

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS [illegible]

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-41100