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

Do not use this space.

379

1. PLACE OF DEATH
County Buchanan — Registration District No. 86
Township Washington — Primary Registration District No. 5127
City St. Joseph, (No. Maxwell Heights St.) Ward)
File No.
Registered No. 1

2. FULL NAME Jonathon Jackson Bowman

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

Length of residence in city or town where death occurred yrs. mos. 14 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Nancy E. Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 1, 1847

7. AGE — Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	3	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer.
(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) Quitman, Mo.

PARENTS

10. NAME OF FATHER Jonathon Bowman

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

12. MAIDEN NAME OF MOTHER Lydia Limbaugh

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

14. INFORMANT Mrs. W. E. Ricketts
(Address) St. Joseph, Mo.

15. Filed Jan 4, 1929 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/24, 1928, to 1/3, 1929, that I last saw h... alive on 1/3, 1929, and that death occurred, on the date stated above, at 5.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza [illegible]
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (SECONDARY) Lobar Pneumonia (Double)
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT, WHERE DID DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) T. A. Clancy, M. D
Jan 4, 1929 (Address) 2624 St Joseph Ave

*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: Green Cemetery — DATE OF BURIAL: Jan, 6, 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

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.