

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

Do not use this space.

1873

1. PLACE OF DEATH

County Jackson
Township Kansas City
City Missouri

Registration District No. 399
Primary Registration District No. 1002

File No. 466
Registered No. 466
St. Mary Hospital Ward

2. FULL NAME Financier Bowden

(a) Residence, No. 504 W. 16 St., 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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. 20, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4 10

8. OCCUPATION OF DECEASED Miner

- (a) Trade, profession, or particular kind of work
(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) Arizona

10. NAME OF FATHER Fairbanks Bowden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Arizona

12. MAIDEN NAME OF MOTHER Maria Bowden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Arizona

14. INFORMANT Fairbanks Bowden

(Address) 504 W. 16th

15. FILED 1-30-29 M. M. Cove

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1929

17. I HEREBY CERTIFY, That I attended deceased from January 29, 1929, to January 29, 1929
that I last saw him alive on January 29, 1929, and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia following measles 7
107 A

(duration) yrs. mos. da. 7

CONTRIBUTORY

(SECONDARY) Just measles Jan 18-29
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Home

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. L. Stockwell, M. D.

1/30/1929 (Address) Mary Hospital

*State the DISEASE CAUSING DEATH, or if 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

W. Washington 1-31-1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster City, Mo.

No. 11.—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.

