

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

Do not use this space.

4077

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City Harris Mo (No. Mo) Eastern St. Ward)

File No.
 Registered No. 694

2. FULL NAME

Edith Bowen
 (a) Residence. No. 1301 S Boyle St., 18 Ward.
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-22-1902

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>26</u> | <u>9</u> | <u>21</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework 430
 (b) General nature of industry, business, or establishment in which employed (or employer). At Home 122
 (c) Name of employer

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

10. NAME OF FATHER Ever Leonard

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

12. MAIDEN NAME OF MOTHER Estelle Perry

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

14. INFORMANT Marion Bowen
 (Address) 1301 S Boyle Ave

15. FILED 11 19 29 W. C. TAMM REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1929

17. I HEREBY CERTIFY That I attended deceased from June 28, 1928, to June 13, 1929 that I last saw her alive on June 12, 1929, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Complete intestinal obstruction from carcinoma of rectum (Elephantia litorum positive day of death) yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) Carcinoma of rectum (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED 1301 S. Boyle Ave
 NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 3rd '29
 WAS THERE AN AUTOPSY? Yes (Date) June 1928

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Ann Moore, M. D.
 , 19 (Address) Wall 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 Walla Mo DATE OF BURIAL June 15 1929

20. UNDERTAKER Ambruster and Co ADDRESS 4234 Manchester

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.

BEST COPY AVAILABLE—THIS IS A PERMANENT RECORD

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D. M. ...

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