[redacted]RI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 7516

MAR 25 1929

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.

1. PLACE OF DEATH
County Pettis Registration District No. 668 File No.
Township Primary Registration District No. 3032 Registered No. 55
City Sedalia (No. St. Ward)

2. FULL NAME Wilbard Bruce Bowman

(a) Residence. No. St., 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: M
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-7 1929
7. AGE: Years | Months: 1 | Days: 3 | If LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer: X
9. BIRTHPLACE (CITY OR TOWN): Sedalia
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Wilbur Bowman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dalsion
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lillie Hubbard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Sedalia
(STATE OR COUNTRY): Mo.

14. INFORMANT: Wilbur Bowman
(Address): 310 N Ohio St.
15. FILED 2-11, 1929 J. L. Lovr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/10 19 29
17. I HEREBY CERTIFY, That I attended deceased from 2/9, 19 29, to 2/9, 19 29, that I last saw h. alive on 2/9, 19 29, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
10 DA.
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY) Pneumococcus
(duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 100 N
IF NOT AT PLACE OF DEATH? 310 N Ohio
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. E. Dancey, M. D
, 19 (Address) Sedalia Mo

*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: Sedalia Mo — DATE OF BURIAL: 2/11 19 29
20. UNDERTAKER: F. V. Ferguson — ADDRESS: Sedalia