

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

Do not use this space.

14078

3-1829

CERTIFICATE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Primary Registration District No. 3007
X City Cape Girardeau SE Missouri Hospital

File No. _____
Registered No. 110
St. _____ Ward)

2. FULL NAME Mildred 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 F. 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 10 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolchild
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Old Appleton
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER W. E. Bowman

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

12. MAIDEN NAME OF MOTHER Flora Sachse

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

14. INFORMANT T. M. Workery
(Address) Southeast Mo. Hospital

15. FILED 5/29 McKempfe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30, 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 29
1929, to April 29, 1929
that I last saw her alive on Apr 29, 1929, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myelogenous Leukemia
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Secondary anemia
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Old Appleton
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical Blood
(Signed) Carl B. Brundman, M. D.

, 19 (Address) Cape Girardeau

*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
M. E. Church Cemetery May 2, 1929

20. UNDERTAKER McComb Lunn & Co ADDRESS Jackson Mo

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.

