

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

Do not use this space  
**21483**  
**2618**

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1007  
 City St. Louis (No. Wesley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Baby Bowers  
 (a) Residence No. 2619 Cypress 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**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>W.</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> <u>Single</u> <small>(write the word)</small>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>June-8-1929</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>—</u>	<b>MONTHS</b> <u>—</u>	<b>DAY</b> <u>3</u>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<b>8. OCCUPATION OF DECEASED</b>				
(a) Trade, profession, or particular kind of work <u>Child</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u>				
(c) Name of employer				
<b>9. BIRTHPLACE (CITY OR TOWN)</b> <u>Kansas City Mo</u> (STATE OR COUNTRY)				
<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Harry Bowers</u>			
	<b>11. BIRTHPLACE OF FATHER (CITY OR TOWN)</b> <u>New York State</u> (STATE OR COUNTRY)			
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Evelynne Cump</u>			
	<b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN)</b> <u>New York State</u> (STATE OR COUNTRY)			
<b>14. INFORMANT</b> <u>Mr. Henry Bowers</u> (Address) <u>2619 Cypress</u>				
<b>15. FILED</b> <u>6/12, 1929</u> <u>M. M. Crowe</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 11 1929

**17. I HEREBY CERTIFY**, That I attended deceased from June 8, 1929, to June 11, 1929, that I last saw him alive on June 10, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

**THE CAUSE OF DEATH\*** WAS AS FOLLOWS:  
Intra cranial hemorrhage.  
T60C

**CONTRIBUTORY (SECONDARY)** 161B

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH Place of death

**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical findings  
 (Signed) no Jackson, M. D.  
6/12, 1929 (Address) 726 Fathroff Bldg H.C.

\*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** Highland Park P.C.M. **DATE OF BURIAL** June 15 1929

**20. UNDERTAKER** A. P. Doehler **ADDRESS** 1415 E 15

WRITE PLAIN... UNFADING INK---THIS IS A PERMANENT

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.

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