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

Do not use this space.

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No. 26890
Township — Primary Registration District No. 3003 — Registered No. 64
City Monett (No. St. Ward)

2. FULL NAME Ralph Wesley 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Apr 7, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	7	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Monett
(State or country) Missouri

PARENTS
10. NAME OF FATHER Clinton Bowman
11. BIRTHPLACE OF FATHER (city or town) (State or country) Barry Co Mo
12. MAIDEN NAME OF MOTHER Lota Truitt
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Lawrence Co Mo

14. INFORMANT Clinton Bowman
(Address) Monett Mo

15. FILED 8-29, 1929 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Aug 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1929, to Aug 27, 1929, that I last saw him alive on Aug 27, 1929, and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:
Bowel obstruction, Intersuseption
122B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 118B1
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. H. Ferguson, M. D
8-28, 1929 (Address) Monett, 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~~ Bethel Cemetery — DATE OF BURIAL 8/29 1929
20. UNDERTAKER Calloway's — ADDRESS Monett

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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