

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

Do not use this space.

AUG 23 1929

27387

1. PLACE OF DEATH

County Shannon
Township Clay
City Marionville

Registration District No. 287
Primary Registration District No. 540V

File No. 27
Registered No. 27
St. Mo. Ward

2. FULL NAME

Levin Bowman

(a) Residence. No. St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Pearl Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 4, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

53

6

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

10. NAME OF FATHER

Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Name unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT
(Address)

Marion Bowman
Marionville Mo.

15.

FILED

7-3-29

E. G. Cape

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 2 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 1, 1929 to Aug 2, 1929 that I last saw him alive on Aug 2, 1929, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Accidentally killed by log falling on him
1940

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

E. G. Cape

, 19 (Address)

*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

Near Clarkton Mo.

Aug 3 1929

20. UNDERTAKER

McDaniel Funeral Co

ADDRESS

Marionville 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.

