

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

Do not use this space.

27437

1. PLACE OF DEATH

County Henry
Township Miller
City Beulah

Registration District No. 313 -
Primary Registration District No. 5432

File No.
Registered No. 14
St. Ward)

2. FULL NAME

(a) Residence. No. James Bowman 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. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 5 27

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ind
(STATE OR COUNTRY)

10. NAME OF FATHER James Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT James Bowman
(Address) King City Mo

15. FILED 830, 19. 29 D. F. N. Deuffall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22-29

17. I HEREBY CERTIFY That I attended deceased from 27 Aug 29 to 29 Aug 29
that I last saw him alive on Aug 29, 1929, and that death occurred, on the date stated above at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
874
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1404
(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) E. B. Black M. D.
823, 1929 (Address) Eng City, 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 King City
DATE OF BURIAL Aug 23 29

20. UNDERTAKER R. G. Taggart
ADDRESS King City

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.

