

DEC 18 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39612

1. PLACE OF DEATH

County BarnesRegistration District No. 34File No. 20Township LibertyPrimary Registration District No. 5050Registered No. 20City Exeter(No. 1)St. Mo. Ward 1

2. FULL NAME

(a) Residence No. John W. Bowman St. Mo. Ward 1

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 24 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

1-8-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

751024

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)

Exeter

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Daniel Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

D. H.

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Rachel King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

D. H.

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

T. J. Bowman
Exeter

15.

FILED 12-3-1929Mrs. W. P. Seary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 2 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Dec 2 1929, to Dec 2 1929
that I last saw him alive on Dec 2 1929, and that death occurred, on the date stated above, at 9:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

129
1325
2 a bout 3-4 days (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

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) Oscar S. Overton, M. D., 19 (Address) Exeter 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

DATE OF BURIAL

Concord Cemetery12-3-1929

20. UNDERTAKER

ADDRESS

Bart Blankenship Exeter 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lamar
Township Liberty
City Liberty (No. 1)

Registration District No. 34
Primary Registration District No. 3080

File No. 20
Registered No. 20
St. 20 Ward 20

2. FULL NAME

John W. Bowman

(a) Residence. No. 1 St. 1 Ward. 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED Jan 4, 1932 Mrs. H. P. Seary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1929

17. I HEREBY CERTIFY That I attended deceased from 1929 to 1929 that I last saw him alive on Dec 2, 1929, and that death occurred, on the date stated above, at 4 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
induced
by Prostatic
hyperplasia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Infirmitas old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? DATE OF

135 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) OS Overholt, M. D.

, 19 (Address) Priddy 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

19

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

LINE NO

DATE

TIME

LOCATION

DESCRIPTION

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