

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

Do not use this space.

41004

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1406)

Registration District No. 393

Primary Registration District No. 628

File No. _____
Registered No. 5413
St. _____ Ward _____

2. FULL NAME

Lillian O. Bowers
(a) Residence. No. 1406 East 28th St., 4 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 William H. Bowers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4th 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 27

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

9. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York

10. NAME OF FATHER William K. Ramsey

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

12. MAIDEN NAME OF MOTHER Archie Kinney

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

14. INFORMANT George N. Olmstead
(Address) 1406 East 28th St Kansas City, Mo

15. FILED 12/31 1929 M. M. Grobe REGISTRAR
Assr

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31st 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-14, 1929 to 12-31, 1929.
that I last saw him alive on 12-31, 1929, and that death occurred, on the date stated above, at 3:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
9:30

(duration) _____ yrs. _____ mos. 17 ds.
CONTRIBUTORY (SECONDARY) Myocarditis, Acute
(duration) _____ yrs. _____ mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. P. Spines M.D.
12/31 1929 (Address) Wentworth Harrison KCMO

*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 Int. Memorial Cemetery DATE OF BURIAL 1-3-1930

20. UNDERTAKER Fairweather-Werner ADDRESS 814 N. 9th Kansas City, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12-31-29

