

MAR 25 1930

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

Do not use this space.

4118

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 182

Township St. Joseph, Mo.

Primary Registration District No. 1001

Registered No. 182

City St. Joseph, Mo.

(No. Noyes Baptist Hospital)

St. Ward

2. FULL NAME

Lindsey Van Rue Bowman

(a) Residence. No. 614 Warsaw St. Ward

(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

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

Ruth Bowman

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

Sept. 26, 1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

40

4

14

= min.

8. OCCUPATION OF DECEASED

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

Janitor

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

g. w. c. a.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Wallace Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

William

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Buchanan Co. Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Chloe Caldwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown Kentucky

(STATE OR COUNTRY)

14.

INFORMANT

Ruth Bowman

Address

614 Warsaw

15.

FILED

12

1930

John G. Utz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

February 10, 1930

17.

HEREBY CERTIFY, That I attended deceased from

Feb 9, 1930, to Feb 10, 1930, and that I last saw him alive on Feb 10, 1930, and that death occurred, on the date stated above, at 9:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Apoplectic
104 Labar
71B
1010 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)

Secondary aneurism +
hemorrhage several
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

no

DID AN OPERATION PRECEDE DEATH

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

H. J. Utz

M. D.

710, 1930 (Address)

St. Joseph 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 Mo

DATE OF BURIAL

February 12, 1930

20. UNDERTAKER

Sheeman Funeral Home

ADDRESS

1946 Calloun

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.

