

MAR 28 1930

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

Do not use this space.

5534

1. PLACE OF DEATH

County Bojayette
Township _____
City Lexington Mo. (No. _____)

Registration District No. 461
Primary Registration District No. 3024

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

2. FULL NAME

Frank R. Bowman
(a) Residence, No. _____ St. _____ 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1929, to Feb 24, 1930 that I last saw h. _____ alive on _____, 19____ and that death occurred, on the date stated above, at 1:10 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4-1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 5 20

apoplexy
92A

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

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

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

10. NAME OF FATHER John P. Bowman

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

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

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) M. B. West, M. D.

12. MAIDEN NAME OF MOTHER Mary C. Chisum

(Address) St. Higginsville

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

*State the DISEASE CAUSING DEATH or its deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Mrs Frank R. Bowman
Lexington Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Mo DATE OF BURIAL Feb 26 1930

15. Feb 26 1930 G. W. Fredendall REGISTRAR

20. UNDERTAKER Ernest Keight ADDRESS Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state how shown to be accurately supported. Exact statement of OCCUPATION is very important.

