

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

Do not use this space.

8507

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo.

(No. Christian Hospital)

File No.

Registered No. 1322

St. Ward)

2. FULL NAME

Mrs. Mary A. Bowman

(a) Residence. No. 5323 Vernon Ave. Ward. 5

(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

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

Adam D. Bowman

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

Dec 14 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

1

22

8. OCCUPATION OF DECEASED

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

at home

(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)

Ohio

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Harold H. Fisher
5323 Vernon Ave

15. FILED

May C. Harker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1930, to Feb 7 1930
that I last saw him alive on Feb 6 1930, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis, Atherosclerosis, Chronic
131

1328

(duration) x yrs. x mos. x ds.

CONTRIBUTORY (SECONDARY) Chronic Poisoning

(duration) - yrs. - mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at home

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Patton, M. D.

77 1930 (Address) 5549 Maple

*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

Bellefontaine Cemetery 2/8 1930

20. UNDERTAKER

E. P. Lupton 49 Ohio St

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.

235
2
31

5877 maple ave