

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

Do not use this space.

7722

1. PLACE OF DEATH

County..... Buchanan
Township.....
City..... St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 1806 Jones St.)

File No.
Registered No. 264
St. Ward)

2. FULL NAME

Mary Isabelle Bowen

(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. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>0</u>	<u>12</u>	

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) Buchanan Co., Mo.

PARENTS

10. NAME OF FATHER William Bowen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Mary Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Penn.

14. INFORMANT Miss Kate Bowen
(Address) 1806 Jones St.

15. FILED 1930 John G. White REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 1, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 - 1930 to Mar. 1, 1930.
That I last saw h. ET. alive on Mar. 1 - 1930, and that death occurred, on the date stated above, at 9.40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage top of brain
82A
97 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Advis Sclerosis (duration) Unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. S. Allen, M. D.

Mar. 2, 1930 (Address) Cosby, 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 Bowen Cemetery DATE OF BURIAL Mar. 3, 1930

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 23 1930

MAR 3

