

APR 30 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9975

1. PLACE OF DEATH

County St. Clair Co.Registration District No. 763Township St. ClairPrimary Registration District No. 4858City Lowry City (No. 5)File No. 6Registered No. 6St. 6

Ward

2. FULL NAME

Azeekiah Bowman(a) Residence. No. 23St. 6Ward. 6

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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

Eliza J. Bowman

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

Dec 6, 1846

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

83317

8. OCCUPATION OF DECEASED

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

Retired Stockman

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Dont Know.

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Dont Know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Dont Know

(STATE OR COUNTRY)

" "

12. MAIDEN NAME OF MOTHER

Blizzard.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Dont Know

(STATE OR COUNTRY)

" "

14.

INFORMANT

(Address)

Floyd BowmanAppleton City - Mo

15.

FILED

3/28/30Leo J. Wright

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar. 231930

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 211930, to Mar. 231930that I last saw him alive on Mar. 23, 1930 and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

aortic insufficiency924

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. S. Stratton

M. D.

Mar. 23, 1930 (Address) Lowry City, 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

DATE OF BURIAL

Lowry City, MoMar. 24, 1930

20. UNDERTAKER

ADDRESS

F. C. AustinLowry City, Mo

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.

