JUN 24 1930

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

Do not use this space.

15351

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 570

City: St.Joseph. (No. Died in ambulance on way to Hospital. Ward)

2. FULL NAME Dexter E.Bowlin.

(a) Residence. No. 230 West Colorado Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov.28,1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	5	10	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Winston
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Frank Bowlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Richmond,
(STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Nora Heiner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Stewartsville
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs Lela Bowlin
(Address): 230 W.Mo.Av. St.Joseph,Mo.

15. FILED MAY 12 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/8th 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed on, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at Unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries received in an explosion at Armour packing Co. Cause of explosion unknown

194 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 92

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B.W. Tadlock Coroner, M. D.

5/11 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	DATE OF BURIAL
Robinson Kansas.	May 11,1930

20. UNDERTAKER: Fred D Clark — ADDRESS: 5025 King r...

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD