

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

Do not use this space.

16014

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5732 McGee st)

Registration District No. 399
Primary Registration District No. 1002

File No. 10010
Registered No. 10010 St. 8 Ward 8

2. FULL NAME Lee Anna Peck Bowman

(a) Residence. No. 5732 McGee St. 8 Ward 8
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 12

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) Tenn

10. NAME OF FATHER Albert Campbell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Mary J. McAmis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Miss Bertie Bowman
(Address) 5732 McGee st K.C. Mo.

15. FILED 74 19 30 M. M. Crowe REGISTRAR
Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 2 19 30
17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to May 2 1930
that I last saw him alive on 3 2 1930 and that death occurred, on the date stated above, at 10:00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch pneumonia
107A
162
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature] M. D.

5/3 19 30 (Address) 150 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 Forest Hill DATE OF BURIAL May 5 19 30

20. UNDERTAKER Mrs O L Forster ADDRESS 918 Brook

N. B.—Every item of information should be stated EXACTLY. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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