

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.

OCT 28 1930

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

Do not use this space.

21802-a

1. PLACE OF DEATH
 County Johnson Registration District No. 20
 Township Colfax Primary Registration District No. 5-028
 City Jefferson (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Lula Hilda Bowen
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 08 yrs. 00 mos. 00 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) 1-26-1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 | 6 | 2 | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jarvis mo

10. NAME OF FATHER W. R. Bowen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lula Jones

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

14. INFORMANT W. R. Bowen
 (Address) Jarvis mo

15. Chas. Vaughn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28 1930
 17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930 to July 28, 1930 (that I last saw her alive on July 28, 1930, and that death occurred, on the date stated above 7:12:30 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
122 B / (Invasion)
 (duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY)
 (duration) 2 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: No

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
 (Signed) Dr. C. D. Washburn, M. D.
 , 19 (Address) Jarvis 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 Orange Hall DATE OF BURIAL 7-30 1930

20. UNDERTAKER Wm. Washburn ADDRESS Rock Hill

