

OCT 28 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29351

1. PLACE OF DEATH

County Carter
 Township Carter
 City Van Buren

Registration District No. 143
 Primary Registration District No. 3205

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Mary Evelyn Bowen

(a) Residence. No. St. Ward.
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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

John Bowen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 3 — — —

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)

Housewife

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shannon County
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER L. D. Perrine

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

12. MAIDEN NAME OF MOTHER Delphia Carpenter

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

14. INFORMANT John Bowen
 (Address) Van Buren, Mo.

15. FILED Sept 27 30 J. W. Cotton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1930

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to Sept 27, 1930
 that I last saw her alive on Sept 27, 1930, and that death occurred, on the date stated above, at Van Buren, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93A Pulmonary Tuberc.

CONTRIBUTORY
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. O. O'Brien, M. D.
 , 19 (Address) Van Buren

*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

Van Buren, Cem

DATE OF BURIAL

Sept 28 1930

20. UNDERTAKER

E. R. Burruss

ADDRESS

Van Buren

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.

