

OCT 28 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29506

1. PLACE OF DEATH

County Dekalb
 Township Washington
 City Washington (No. St. Ward)

Registration District No. 258
 Primary Registration District No. 5360A

File No.
 Registered No. 10

2. FULL NAME

James H. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 4 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (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) Missouri

10. NAME OF FATHER James Bowen

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

12. MAIDEN NAME OF MOTHER Mary A. Means

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

14.

INFORMANT Rice Morgan
 (Address) Clarksdale, Mo.

15.

FILED 9/30, 1930 C. M. Davis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-29-1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1930, to Sept 29, 1930, that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at 8-40-A M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular pneumonia
108

CONTRIBUTORY
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

0 DID AN OPERATION PRECEDE DEATH No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) C. M. Davis, M. D.

Sept 30, 1930 (Address) Clarksdale 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

Union Chapel

9/30/30

20. UNDERTAKER

ADDRESS

C. M. Davis, Clarksdale, Mo.

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.

