

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Flour
City St. Louis (No. 6212 21th)

Registration District No. 399
Primary Registration District No. 1002

File No. 30080
Registered No. 30080
St. _____ Ward _____

2. FULL NAME

Sophia Jane Bowman

(a) Residence. No. 6212 21th St. 12 Ward _____

(If nonresident, give city or town and State)

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Joshua J Bowman

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

Oct 9 - 1848

7. AGE

88 YEARS

MONTHS

11

DAYS

12

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Housekeeper

(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)

St. Louis
mo

10. NAME OF FATHER

Stafford Mc Leo

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

unknown

12. MAIDEN NAME OF MOTHER

unknown

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

unknown

14.

INFORMANT
(Address)

Mrs B. J. Brown
2217 Lawn

15.

FILED

9/23/30 M. M. Croive
Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1930

17.

I HEREBY CERTIFY, That I attended deceased from June, 1929 to Sept 22, 1930 that I last saw him alive on Sept 23, 1930 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
(decompensation)
131

93C

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic Intestinal
Hepatitis

(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Brown, M. D.

9/22, 1930 (Address) 4800 E 24th

*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

Mt Washington Sept 23, 30
Rose & Henderson 15th Jackson

20. UNDERTAKER

ADDRESS

Dr Edmonds
Pe 5949