

SEP 26 1930

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

Do not use this space.

30868

1. PLACE OF DEATH

County Ray Registration District No. 740  
Township Crooked River Primary Registration District No. 5975  
City (No. ....) St. .... Ward)

2. FULL NAME

Amanda C Bowman

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (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 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 Joe Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 21 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 11 1

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) House Keeper  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Elie Summers

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

12. MAIDEN NAME OF MOTHER Sophia Frantz

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

14. INFORMANT Mattie Summers  
(Address) Hardin Mo.

15. FILED sep-10-1930 Jno W Krupich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930, to Sept 1 1930 that I last saw him alive on Aug 30, 1930, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Indigestion  
93°C  
115°C  
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis  
(duration) 2 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? Clinical  
(Signed) Marvin Dennis M. D.  
, 19 (Address) Hardin, 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 Wakenda Cem DATE OF BURIAL Sep 9 1930

20. UNDERTAKER Jno W Krupich ADDRESS Hardin 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.

