

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.

NOV 21 1930

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

Do not use this space.

32448

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 228

Township Jefferson

Primary Registration District No. 3014

Registered No. 228

City Jefferson (No.)

St. Ward

2. FULL NAME

(a) Residence. No. 522 Madison St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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

Geo. Bowman

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

July 12-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

2

27

8. OCCUPATION OF DECEASED

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

Housewife

(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)

New York

10. NAME OF FATHER

Edw. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

S. Dakota

12. MAIDEN NAME OF MOTHER

Anna Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

S. Dakota

14.

INFORMANT

(Address)

Geo. Bowman
522 Madison

15.

FILED

11/5-31
Jefferson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 9 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 30, 1930 to Oct 9, 1930 and that I last saw him alive on Oct 1, 1930 and that death occurred, on the date stated above, at 7:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of bile ducts

46E

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44B

(duration) 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)

Edw. G. Gansner

M. D.

Oct 11, 1930 (Address) Jefferson City, 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

Woodlawn

Oct 11 1930

20. UNDERTAKER

ADDRESS

Hanson - Parnum

J. C. Mo

10

27

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Cole

Registration District No. 213

File No. 32445

Township

Primary Registration District No. 3014

Registered No. 238

City Jefferson (No.)

St. Ward)

2. FULL NAME

Sadie Bowman

(a) Residence. No. 522 Madison 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

F

4. COLOR OR RACE

W

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

married

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

Geo. Bowman

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

7. AGE

YEARS

MONTHS

DAYS

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

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

10. NAME OF FATHER

Edw. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Vermont

12. MAIDEN NAME OF MOTHER

Anna Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT (Address)

Naomi Goodin
315 Benton St. Jeff. City

15.

FILED

1931

W. Bedford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1930

17.

I HEREBY CERTIFY, That I attended deceased from
 19....., to 19.....
 that I last saw h..... alive on 19....., and that
 death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
 , 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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