

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 26 1930

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

Do not use this space.

33879

**1. PLACE OF DEATH**

County Ray Registration District No. 914  
 Township Waverly Primary Registration District No. 6233  
 City Ray (No.       ) St.        Ward       

File No.         
 Registered No. 18

**2. FULL NAME**

Elizabeth 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** Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Jacob B. Bowman  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov. 11, 1842  
**7. AGE** YEARS 87 MONTHS 11 DAYS 18  
 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)** Rackingham  
 (STATE OR COUNTRY) Va

**10. NAME OF FATHER** Jacob Spitzer  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Braunway  
 (STATE OR COUNTRY) Va. Rackingham  
**12. MAIDEN NAME OF MOTHER** Margaret Bowman  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Germany  
 (STATE OR COUNTRY)       

**14. INFORMANT** D. B. Bowman  
 (Address) Harden Mo

**15. FILED** Oct 29 1930 W. E. Gant  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 29 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Oct 26, 1930, to Oct 29, 1930  
**that I last saw h. alive on** Oct 29, 1930, and that death occurred, on the date stated above, at 12:45 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Bronchial pneumonia

**107A**  
**CONTRIBUTORY (SECONDARY)** 100%  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH       

**19. DID AN OPERATION PRECEDE DEATH?**        DATE OF         
**20. WAS THERE AN AUTOPSY?**       

**WHAT TEST CONFIRMED DIAGNOSIS?**  
Ed (Signed) W. E. Gant, M. D.  
29, 1930 (Address) Harden 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** Hakanda Cem  
 DATE OF BURIAL 10/31 1930

**20. UNDERTAKER** Ino Kaufscheld  
 ADDRESS Harden Mo

