NOV 21 1930

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

Do not use this space. **35321**

1. PLACE OF DEATH

County: Benton — Registration District No.: 60 — File No.:

Township: White — Primary Registration District No.: 5095 — Registered No.: 301

City: Ionia (No. ..... St. ..... Ward)

2. FULL NAME: Allen Nepolin Bowlin

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-4-1847

7. AGE			
82 YEARS	11 MONTHS	0 DAYS	If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER: Wilson Bowlin

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

12. MAIDEN NAME OF MOTHER: Jinetta Winn

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

14. INFORMANT: Mrs Allen N. Bowlin
(Address): Ionia, Missouri

15. FILED Nov 7, 1930 — T. L. Rhodes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-4-1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1930, to Nov 4, 1930, that I last saw him alive on Nov 4, 1930, and that death occurred, on the date stated above, at 3:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion

(duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) Don't Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry Bay, M. D.

11-5-1930 (Address) Cole Camp, 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: Ionia Cemetery — DATE OF BURIAL: 11-7-1930

20. UNDERTAKER: E. L. Eichhoff — ADDRESS: Cole Camp, 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.