

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

Do not use this space.

PLACE OF DEATH

County Ray Registration District No. 720
Township Crested River Primary Registration District No. 3-975-
City (No.)

File No. 40446
Registered No. 23
St. Ward)

2. FULL NAME Joseph F. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda C. Bowman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John H. Bowman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Francis Vantrump
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT Tom Bowman
(Address) Hardin Mo

15. FILED Dec 11 1930 Jno W. Knipfcheld
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1930
17. I HEREBY CERTIFY, That I attended deceased from June 1 1930, to Dec 6 1930, that I last saw him alive on Dec 6 1930, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy 92c
92B
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myo. degluti. & Arterio-sclerosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NO AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Marvin Germin, 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 Dec 8-1930

20. UNDERTAKER Jno W. Knipfcheld 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.

22 1930

