

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

Do not use this space.

L. 1616-32

1. PLACE OF DEATH

County Jackson
Township J. K. C. Mo.
City J. K. C. Mo.

Registration District No. 399
Primary Registration District No. St. Mary's Hospital

File No. 1616-32
Registered No. 4449
St. Ward

2. FULL NAME

(a) Residence No. John Bowman St. 9 Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Celia J. Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Smith Bakery
(b) General nature of industry, business, or establishment in which employed (or employer) Eng.
(c) Name of employer 24

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Wm G. Bowman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER

Lah Cochran

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

14.

INFORMANT Celia J. Bowman
(Address) R. #6, J. K. C. Mo.

15.

FILED 1/30, 1931 M. M. Kerome
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 27, 1931

17. I HEREBY CERTIFY That I attended deceased from 1931 to 1931, and that I last saw him alive on 1931, and that death occurred, on the date stated above, at 11 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mesenteric thrombosis
bronchial pneumonia
1931

CONTRIBUTORY (SECONDARY) Ed. 2nd Burns
verruca from explosion

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No

IF AN OPERATION PRECEDED DEATH: No DATE OF 1/4

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Archer M. Bee, M. D.

1/30, 1931 (Address) St. Mary's Hospital

*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

Greenwood Mo.

20. UNDERTAKER

Mrs. C. H. Foster K. C. Mo.

DATE OF BURIAL

Jan, 30, 1931

ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

