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.

MAR 25 1931

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

Do not use this space.

5387

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 3019 — Registered No. 83

City Independence (No. Independence Sanitarium St. Ward)

2. FULL NAME Amelia Ann Bowman

(a) Residence. No. 2416 Glenwood. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Ben D. Bowman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-7-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	6	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 35
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Northfield
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER James A. Mahon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland 1

12. MAIDEN NAME OF MOTHER Margaret Lindsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Machias
(STATE OR COUNTRY) New York 2

14. INFORMANT B. D. Bowman
(Address) 2416 Glenwood

15. FILED 2-25, 1931 F L Cook MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from July 23rd, 19 to Feby 24, 19 31 that I last saw her alive on Feby 23, 1931, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coma nephritic
137A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nephritis

(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?

(Signed) C E Finnigan M. D.

2/24 1931 (Address) Independence

*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
Elmwood K. C. Mo.	2-27-1931 19
20. UNDERTAKER H. W. STAHL.	ADDRESS INDEP. MO.